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ABSTRACT

This guide is intended to assist students enrolled in programs to train nursing assistants for employment in an Indiana long-term health care facility. The first part discusses human development (growth, aging, and dying); communication with residents; sexuality; legal, ethical, and professional responsibilities of nursing assistants in long-term care facilities; and accident prevention and safety. Provided next are duty sections covering the following 16 topics: following procedures to ensure medical asepsis and cleaning; positioning, moving, ambulating, and transferring residents; making beds for and bathing residents; assisting with oral hygiene and hair and nail care; dressing and undressing residents; assisting with urine elimination, nutrition, and hydration; administering special skin care to residents; using supportive and protective aids; providing daily care; determining residents' vital signs; weighing residents; and preparing to admit them. Each duty section contains some or all of the following: introductory text; definitions of key terms; a list of necessary equipment and supplies; and suggested notes outlining prerequisites, a performance objective, key terms, equipment and supplies, audiovisuals and supplies, step-by-step procedures, key points, and activities/assignments for each duty. Appendixes include resource panels with names and affiliations of the members of ths subcommittee of the Indiana Health Facilities Council and expert review panel that oversaw production of the guide, comparison chart of duties and tasks, master list of equipment and supplies, bibliography, glossary, and excerpts from the Indiana Health Facilities Rules. Indexes of duties and tasks and transparencies are also provided. (MN)

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Performance-Based Instructional Materials

Nursing Assistants
for Long-Term Care

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Project Information

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Dedication

Our work on this project provided us with the opportunity to take a firsthand look at long-term health care in Indiana. In the process of our research, we developed an admiration for the nursing assistants who provide much of the care in long-term care facilities. The physical and emotional aspects of their work are most demanding and the extrinsic rewards are few. Dedication and caring are the prime motivation for the nursing assistants, and they have our utmost respect.

We believe that the quality of service provided to those in need of long-term health care is an important index of society's compassion. This belief gave us the impetus to become involved in and carry out this project. If our efforts contribute to improvements in the quality of care for residents of long-term health facilities, we will be gratified.

We dedicate this guide to the nursing assistants and residents of Indiana's long-term health care facilities. We care for all of you and thank you for enlightening us.

J. A. P.

Table of Contents

Acknowledgments 5
Preface 9
Introduction 11

Working with Residents of Long-Term Care Facilities

Human Development: Growth, Aging, and Dying 21
Communicating with Residents 29
Sexuality 43
Legal, Ethical, and Professional Responsiblities of Nursing Assistants in Long-Term Care Facilities 47
Accident Prevention and Safety 63

Duty 1: Medical Asepsis and Cleaning 71
Duty 2: Positioning and Moving Residents 99
Duty 3: Ambulating and Transferring Residents 153
Duty 4: Making Beds for Residents 207
Duty 5: Bathing Residents 231
Duty 6: Assisting with Oral Hygiene 275
Duty 7: Assisting with Hair and Nail Care 305
Duty 8: Dressing and Undressing Residents 341
Duty 9: Assisting with Urine Elimination 369
Duty 10: Assisting with Nutrition and Hydration 431
Duty 11: Administering Special Skin Care to Residents 469
Duty 12: Using Supportive and Protective Aids 491
Duty 13: Providing Daily Care 535
Duty 14: Determining the Vital Signs of Residents 549
Duty 15: Weighing Residents 595
Duty 16: Preparing to Admit Residents 611

Appendices

A. Resource Panels
  I. Names and institutional affiliations of the expert review panel 631
  II. Names and affiliations of the subcommittee of the Indiana Health Facilities Council . . . 632
B. Comparison Chart of Duties and Tasks 633
C. Master List of Equipment and Supplies 639
D. Bibliography
  I. Background Materials 645
  II. Audiovisuals 647
  III. Print Materials 650
E. Glossary 651
F. Excerpts from the Indiana Health Facilities Rules . . 665

Index of Duties and Tasks 677
Index of Transparencies 681

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The development of these performance-based materials was a collaborative effort that involved the talent and effort of many individuals. The tenacity and extraordinary efforts of Debra Moore and Annette Fancher resulted in the concept of these materials becoming a reality. They were ably joined over the summer months by Barbara Stork. These three individuals are responsible for the design, development, and writing of the bulk of the materials. They conducted the field work, led the panel of field-based experts, and labored through many drafts of written material. In most ways, these materials are theirs.

Special appreciation is also due to two other individuals. Patricia Sitlington provided both managerial and technical guidance throughout the duration of the project. Her knowledge and experience in the design and development of performance-based instructional materials played a central role in the project. During the latter stages of the project, we were most fortunate to have Carla Deford as our editor. She worked diligently with our developers and word-processing personnel and greatly improved the clarity of the materials.

Appreciation is also extended to the representatives of the three Indiana state level government agencies that played a role in the project. Mary Holstein, Chief Consultant of Health Occupations Education with the Department of Education, is the individual who first identified the need for these materials and brought together the resources that were required to complete this effort. C. Edward Brown, Coordinator for Support Services and Program Improvement with the State Board of

Vocational and Technical Education, provided through his agency the financial support necessary to finish the project. Geraldine Wojtowicz, Director of the Division of Nursing with the State Board of Health, facilitated communication between the education, nursing, and long-term health care communities. These three individuals and their respective organizations epitomize what can happen when state level agencies not directly connected apply their energies toward a common goal.

Special thanks go to individuals in two groups that played important roles in the project. Our primary link with the nursing and long-term health care communities was the Nursing Assistants Subcommittee of the Health Facilities Council, Indiana State Board of Health. Several members of this group kept us abreast of policy and implementation issues that affect service delivery in Indiana's long-term health care facilities. They are: Jean Elmore, George Heighway, Mary Holstein, Ella Kick, Scott Severns, Ava Vogel, Geraldine Wojtowicz, and myself. Our materials were thoroughly reviewed and evaluated by a panel of field-based experts which consisted of representatives from health occupations education, the nursing profession, and the nursing assistants who provide most services in long-term care facilities. The members of this panel were Becky Appelman, Phyllis Bilger, Linda Ealy, Pauletta Evans, Rhoda Gibson, Sheila Richards, Judy Roach, Eileen Stork, and Susan Von Ogden. The names of subcommittee and panel members and their institutional affiliations are listed in Appendix A.

My staff and I also want to acknowledge and thank the numerous staff members and residents who gave to us their time during the task-analysis phase of this project. Their thoughtful explanations and demonstrations of the tasks they perform and of the services they provide are the foundation of these performance-based instructional materials.

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James A. Pershing, Ph.D.
Project Director

Preface

Nursing Assistants for Long-Term Care has been written in response to Indiana state law, which requires formal training for nursing assistants who work in long-term health care facilities. The materials are based on the duties and tasks that the Indiana Health Facilities Council has identified as essential to residents' physical well-being. The duties and tasks were broken down into performance steps that show how to care for residents' emotional health as well. Specifically, the materials are designed to:

- Teach basic skills to a beginning level nursing assistant
- Assist a student in passing an examination given by the Health Facilities Council
- Support the Health Facilities Council's "Criteria for 105 Hour Nurse Aide Training"

The materials are divided into clusters of 16 duties, with a total of 80 tasks. Each task is self-contained and can be studied in a variety of sequences. The individual tasks contain the following sections:

- **Prerequisites**--Skills one must have before learning a task
- **Performance objective**--A restatement of the task and the resulting skills
- **Key terms**--Technical words used in the health care field
- **Equipment and supplies**--Those items required to complete or carry out the task
- **Audiovisuals and resources**--Suggested materials to supplement learning the task

- **Performance steps**—Detailed breakdown of activities required to complete the task
- **Key points**—Notes and information tied to performance to help a student understand the task
- **Student activity/assignment**—Learning activities to aid mastery of the task

Each of the 16 duties is preceded by a brief introductory section and definitions of the key terms used in each duty.

The duties and tasks are supplemented by four special sections which provide additional information about the aging process, communication skills, legal and ethical responsibilities of nursing assistants, and accident prevention and safety. The concepts presented in these sections are also discussed in the tasks.

The appendix contains 6 sections of additional information and learning aids, including an alphabetical list of key terms, a comparison chart showing the relationship between the duties and tasks as presented here and in the list of the Health Facilities Council, a master list of equipment and supplies, and a list of reference materials. The index provides users with an alphabetical list of duties and tasks for easy reference.

The developers, reviewers, and numerous advisors who have contributed to this project have endeavored to produce a comprehensive set of materials that will meet the educational needs of nursing assistants. We hope that the materials will help you to be more efficient, effective, and most of all, more caring as you strive to provide quality care to the residents of long-term health care facilities.

Introduction

The fastest-growing segment of the population is the elderly, and the number of long-term health care facilities must increase to meet their needs. Breakthroughs in the treatment and elimination of disease have resulted in a higher proportion of people reaching adulthood and old age. As a result of the growth in the health care industry, increased concern is now being expressed about the quality of service provided to residents of long-term health care facilities.

Nursing assistants provide most of the direct personal care to residents in long-term care. The goal of these instructional materials is to improve the quality of physical and emotional care that residents receive by raising the skill level of beginning nursing assistants and encouraging them to develop greater empathy with the residents they care for.

Purpose of the Materials

These instructional materials are designed to prepare the beginning-level nursing assistant to work in a long-term health care facility. The materials address a set of minimal competencies that are considered essential for providing care of a high quality to residents.

The materials are performance-based and focus on the duties and tasks assigned to beginning-level nursing assistants. Tasks are painstakingly presented and explained in the same way they are performed. Technical terminology, safe practice, and the rights and concerns of residents are interwined throughout the materials and directly linked to the job performance of the nursing assistant.

The materials are structured to address the training requirements for nursing assistants that are mandated by the Indiana State

Legislature. They evolved from the consultation and technical assistance provided by Vocational Education Services (VES) to the Indiana State Board of Health (SBH).

Role and Involvement of VES

The Indiana State Board of Vocational and Technical Education (SBVTE) provides funds to VES for the development and dissemination of performance-based instructional materials. In selecting which occupations to develop, the State Board considers the training needs of high-growth industries and the potential impact that performance-based training can have on productivity. They also consider the roles that the vocational education community can play in the delivery of such training. Given these considerations, the State Board directs the instructional development staff of VES to work on at least two performance-based instructional development projects per year.

During April of 1985, the SBVTE asked VES to work with the State Board of Health to identify the content of and develop testing materials for the mandated nursing assistant training program. In essence, VES was commissioned by the State Board of Health to identify the tasks and performance steps that make one minimally competent to provide nursing assistance service to long-term care residents. As a natural outgrowth of this commission, VES has developed and made available these instructional materials for use in nursing assistant training programs.

Performance-Based Vocational Education

VES is committed to performance-based vocational education (PBVE) materials because they are unique in several respects. First, they are developed through a thorough analysis of the prevailing practice of workers on the job. Second, they are based on the idea that the best way to judge a person's qualifications for a job is that person's ability to perform tasks that will be required of him on the job. Third, they propose that prospective workers should be evaluated on their ability to perform these tasks and not on the amount of material they have learned from a book or on their ability to compete with their peers.

These particular PBVE instructional materials were developed by using a process and set of procedures that adhere to the guidelines of the Vocational Technical Education Consortium of States (V-TECS) of which Indiana, through the auspices of the SBVTE, is a member.

V-TECS is a confederation of states whose members share resources and information as they develop PBVE materials. The mainstay of V-TECS activity is the development and maintenance of scores of catalogs that contain field-validated lists of tasks required in the performance of specific jobs. Along with these catalogs, V-TECS member states produce instructional support materials and test banks. Nursing Assistants for Long-Term Care is a part of Indiana's efforts as a V-TECS member state.

Materials Development Process

The following is a chronology of events in the development of these materials. We began our efforts in earnest during March of 1985 and worked through November of 1985. During this period, we made use of the services of a team of VES instructional developers and support personnel and devoted an average of three full-time-equivalent employees to the project. Eleven different VES staff members made significant contributions to the development of these materials. Through the use of an advisory group and a panel of content experts, another seventeen persons contributed to the project.

Preparatory activities: During January and February VES staff members were involved in conducting a review of existing PBVE materials in the area of health-occupations education. The purpose of this review was to assess the quality of existing materials and to determine whether they had become dated. At this point we were considering the idea of developing a health-care related PBVE product.

Needs identification: In early March, VES personnel were first put in contact with representatives of the State Board of Health. An advisory committee to the Board was at that time addressing issues that concerned the legislative mandate to train nursing assistants in long-term health care facilities. Of major concern was the need for an in-depth analysis of the duties and tasks performed by beginning-level nursing assistants. This analysis would have to be performed before we could develop a method for testing the ability of prospective workers to perform the duties and tasks of the job. The State Board of Health committee had previously sent a questionnaire to approximately five hundred Indiana long-term health care facilities, the purpose of which was to compile a list of the duties and tasks that typify practice in 80% or more of these facilities.

During part of March and all of April, VES personnel studied the list of duties and tasks in light of existing PBVE materials. We wanted to determine the number of tasks for which satisfactory PBVE analyses already existed and the number that would have to undergo field validation. The general feeling was that some tasks needed to be re-analyzed to reflect differences in practice attributable to the long-term health care setting.

Our research indicated that about 60% of the tasks could be refined using analyses from existing PBVE materials. Another 20% would have to be modified based upon field validation and the remaining 20% would have to undergo a full-blown field analysis.

Field Research: We spent the months of May and June conducting field-based research. VES staff members, in teams of two, visited a number of long-term health care facilities and conducted in-depth task analyses. They concentrated on the forty-five or so tasks that needed partial or full analyses.

The essence of task analysis is careful observation and documentation of the step-by-step process of performing a task, with attention given to sequencing, exceptions, decision points, and equipment needs. The VES team members asked practicing nursing assistants to clarify their activities and explain why they performed tasks as they did. The team members then documented the procedures followed by the nursing assistants and returned to ask if the document accurately described the tasks as they performed them. The VES staff members observed at least three nursing assistants performing each task. As one can see, this was a highly intensive and time-consuming effort.

Instructional Analysis and Validation: Most of July and August were spent writing instructional materials based on the tasks we had analyzed. Materials were written for each task that included a detailed list of performance steps and supporting information, including a performance objective and sections on prerequisite skills, key terms, equipment and supplies, and audiovisuals and resources. Also included in each lesson was a performance checklist.

During this period, three groups, each consisting of three experts, reviewed the materials with a VES staff member. Each group consisted of a nursing assistant, a health occupations educator, and a registered nurse, all of whom had experience in long-term health care facilties. The panel of experts spent four days thoroughly reviewing the materials for accuracy, clarity, and completeness.

Materials Preparation: In September and October we reviewed the feedback we had received and integrated it into our instructional materials. We also developed support materials and made decisions on matters of layout, formatting, and design. Then the laborious tasks of editing and preparing the materials for reproduction began.

During this period, we met with several groups representing prospective users of our materials to explain how they were developed and to begin to get a feel for how they would be received. We invited suggestions concerning the format and organization of the materials as well as strategies for their eventual dissemination.

Publication and Post-Publication Activities: In November, the materials were printed. Dissemination began in December. We have planned a field validation study for the first half of 1986 in which the instructional materials and the test bank will be evaluated for their overall utility. We will seek further input regarding the strengths and weaknesses of the materials and suggestions on how they can be improved from representatives of all user groups. We will then analyze, transform, and integrate the data we collected and use them to improve the materials. In addition, we will share all the information we gather concerning the overall effectiveness of the nursing assistant training program, as promulgated by law, with the Health Facilities Council of the Indiana State Board of Health.

Using the Materials

As previously mentioned, these materials are specifically designed to prepare nursing assistants for work in long-term health care facilities. The preparation required for these nursing assistants is set forth in the Final Health Facilities Rules as passed by the Indiana Legislature. These rules are presented in Appendix F.

In essence, the law states that each long-term health care facility in Indiana must be certain that every nursing assistant it employs who has less than one year's experience has completed an approved nursing assistant training program. This program may be established by the facility in which he or she works or by another organization or institution. Each facility, however, is responsible for the clinical experience to its employees.

A training program must consist of at least the following: 30 hours of classroom training within 180 days of employment with at least 15 of the 30 hours being given before the nursing assistant is assigned duties in which he or she gives direct care to patients. Students must also complete seventy-five (75) additional hours of supervised training. These 75 hours may be thought of as on-the-job training or clinical education; they must be directly supervised by a registered nurse or licensed practical nurse.

The Health Facilities Council has established the minimal content of nursing assistant programs, which consists of 96 tasks constituting 18 duties. See Appendix B for the comparison chart which lists these tasks and duties.

A standard mechanism for evaluating students, which consists of a combination of quizzes (verbal and/or written), performance checklists, and a comprehensive written test, must be used in all nursing assistant training programs. Successful completion of a program will be authenticated by the training director and communicated to the student by a letter of completion.

These materials are unique because they evolved from task analyses that were also used to develop the performance checklists and test bank. In addition, they are field-based and are organized by duties and tasks in a format that lends itself to a variety of training strategies. They specifically support the "Criteria for 105 Hour Nurse Aide Training" published by the Indiana Health Facilities Council.

Working with Residents of Long-Term Care Facilities

Human Development:
Growth, Aging, and Dying

Although the elderly make up the greatest number of residents in most long-term health care facilities, nursing assistants may provide care for people of any age. Understanding the processes of growth, aging, and dying will enable nursing assistants to provide effective care to all residents.

Caring for children

Children in long-term care facilities present to the health care team the challenge to provide an environment that allows for the emotional, psychological, and physical growth of the resident as well as to provide health care services. When working with children, try to remember that:

- The health care team is in many ways an extended family for the child.
- The impact of care provided by nursing assistants to children may influence children and have far-reaching effects upon their development.

As children grow up, they become progressively less dependent. Children in long-term health care facilities should be encouraged to develop as much independence as they can. Even though a child may be severely limited in mental or physical ability, a small step in the direction of independence may yield tremendous psychological and emotional benefits.

Nursing assistants may need to obtain special skills and knowledge for working with certain age groups or with special needs children. No one can be expected to know all about infants, toddlers, young children, and adolescents; fortunately, there are opportunities to learn, both on the job and in more formal learning situations. Experienced coworkers can also provide valuable guidance and information. In order to provide the best care possible, nursing assistants must be willing to learn about the particular residents they serve.

The process of aging

Many people see aging as a process of deterioration that starts suddenly around retirement age. But people do not suddenly become old at age 70 or 80; instead, aging is a process of continuing development that begins upon reaching maturity and continues throughout our lives. The aging process is often difficult for people to accept. Instead of being respected for their experience and accomplishments, older people often face forced retirement and have few opportunities if they want to continue to use their occupational skills. Most of us live longer now than did people of earlier generations, and the proportion of older people in society is increasing. Geriatrics, or the study of aging, is helping to bring about changes in the way that society views its elderly citizens. Geriatric specialists are seeking better housing, employment opportunities, and social lives for the elderly.

People contribute most to society during their middle adult years. Their professional careers peak and they reach the top of their earning scale. Members of this age group hold positions of power that allow them to make meaningful changes in their communities. Leisure time increases as children leave home. People achieve most of their goals, feel most productive, command most respect, and hold themselves in highest esteem during their middle years, that is, between the ages of 40 and 60. For those who have not reached the goals they set for themselves as adolescents and young adults, however, middle age can be a time for struggling with feelings of failure.

Many people in middle age must make difficult decisions about how to care for their parents and older relatives who can no longer take care of themselves. Suddenly the people who matter are gone, their own health is not as good as it was, and mowing the lawn and keeping up with the housework take a lot more energy than they used to. Physical problems will overtake everyone sooner or later, and few aging persons have the financial resources to stay in their homes, let alone the physical and mental resources they need.

The transition to old age begins in the middle years. The end of middle age and the beginning of old age can be a difficult time, and the change from the most productive years to the least productive years can seem abrupt. Death comes closer when friends begin to die from early heart attacks or cancer; the fact that, you, too, will die begins striking closer to home.

Old age at its best is a time to end action and begin reflection. The problems the elderly must solve, however, are profound. In order to be a healthy individual, a person must be able to satisfy his basic life-sustaining and emotional needs. Life-sustaining needs include food and shelter; emotional needs include security, respect, and love. Most people who live in long-term care facilities can no longer meet some of their basic needs successfully by themselves.

Long-term care facilities have been able to meet their residents' life-sustaining needs without any trouble but have not been as successful in meeting their emotional needs. The difficulty of moving into what is often a sterile, institutional environment is compounded by the fact that many residents don't want to move into a facility but have little or no choice. People are often upset by having to give up the independence of living on their own, and facilities are very limited in their ability to accommodate individual preferences. For this reason, everything that you, as a nursing assistant, can do to make the residents feel liked, accepted, and cared for can make a big difference in their lives.

Many physical changes occur in old age that make it harder for an individual to take care of himself. The central nervous system gradually slows down, which alters the way people feel temperature changes and pain. The sense of balance deteriorates, making it harder to walk without falling. Blood pressure drops more easily, so a simple change of position from lying down to sitting or from sitting to standing can cause dizziness or faintness. Poor blood circulation to the brain can cause confusion or other symptoms of senility. Skin becomes dry, irritated, and easy to tear because the oil glands produce less oil. Muscles and joints ache and become stiff, bones become brittle, and chewing and swallowing become more difficult. Many people lose some or all of their teeth and must wear dentures. Sight and hearing decline, and internal muscles weaken, which can cause frequent urination, the inability to control urination and bowel movements, or the inability to move the bowels without using laxatives.

Working with dying residents

A person's attitude toward his approaching death is governed by a number of factors, such as his religious beliefs, satisfaction with life, and ability to tolerate pain.

As you work with residents who are nearing death, you may find yourself thinking about death seriously for the first time. When you are caring for a dying resident, talk to other nursing assistants who have cared for the dying or to staff members who have worked with residents who have died. Try not to feel guilty or helpless because your care did not prevent a resident from dying; help the resident face death as peacefully and comfortably as possible and with dignity.

If a dying resident wants to talk, listen. This simple act can help the resident come to understand his life and accept his death. Most residents will grieve over their approaching deaths. Psychologists recognize five stages in the grieving process: shock, denial, anger, depression, and acceptance. For most of us, death is an abstract idea that has little reality when we are young, so people react with shock when they realize they are dying. After this initial shock, they tend to believe that they will recover. During this denial stage, the resident may want people to tell him that his health is improving. The resident's family may play along with his denial stage and want to hide the resident's true condition from him. Do not deceive the resident or his family if they ask you about his condition; it is better for the resident to try to cope with the reality of his condition if he possibly can.

In the third stage of the grief process, the resident knows that he is dying and becomes angry, asking "Why me?" He may try to blame you or whoever is around him for his approaching death. Eventually, the resident's anger will change to depression, which is the fourth stage of the grieving process. He will be despondent and may wish he could die right away. He may feel sorry for himself and regret decisions that he made a long time ago. Tell the resident that you understand why he feels depressed, but don't try to console him. The last stage of the grieving process is acceptance; at this time the resident should come to terms with his death.

Some residents take longer to reach this stage than others; some may experience the stages in a different order or never complete the process.

Regardless of the extent to which the resident comes to accept his death, he will need your care and understanding.

In the course of working with a dying resident, you may find that his or her ideas about what will happen to him after death differ a lot from yours. You should refrain, however, from trying to persuade the resident to agree with your convictions. Respect the resident's spiritual beliefs, both before and after his death. Check the policy of your facility about any religious observances the resident requests. For example, practicing Catholics call a priest to the bedside of someone who is dying; Orthodox Jews should not be touched after death until a rabbi arrives.

When friends, family, or clergy visit a dying resident, provide them with as much privacy as possible. Most facilities extend visiting hours under these circumstances. Continue to care for the resident as you normally would, but try to get in the way as little as possible. For example, ask visitors to wait outside when you must perform a task that requires privacy, but do your work as quickly as possible. In addition, be as helpful as you can to visitors of dying residents; for example, let them know if meals can be served to them and where to obtain beverages. Most of all, be willing to listen to a resident's family or friends if they need to talk about the approaching death.

At times it may seem as though a dying resident is less important than other residents, but this is not the case. Continue to make the resident as comfortable as possible. Physical changes that occur shortly before death will cause discomfort. Eyesight begins to fail, so the resident may want more light in his or her room. The circulatory system slows down, so the resident may be cold and need more blankets. The resident may have trouble breathing and the charge nurse may ask you to use a swab coated with glycerine to help relieve the irritation of the resident's nostrils or lips. Offer water frequently if the resident is breathing through the mouth, and use mouthwash to freshen the inside of the mouth. The charge nurse may also want to use suction to remove secretions from the mouth. The resident may soil the bed often, so change the bedding and cleanse the resident as needed.

Our lives usually do not prepare us to feel comfortable with death. Try not to feel embarrassed or inadequate if you are nervous around people who are dying. If you become depressed or upset when you work with dying residents, talk to another member of the health care team or to the staff social worker, if there is one. If you are religious, talk to a member of the clergy. Your success as a nursing assistant will increase with your ability to give dying residents the emotional support and professional care they need.

Communicating with Residents

As a nursing assistant, you will be called upon frequently to communicate with residents, visitors, and members of the health care team. In fact, your ability to do your job well will depend in no small part on your ability to communicate with residents and coworkers. In addition, these skills will help you resolve any conflicts that may occur on the job.

Successful communication involves two different skills: being able to tell someone else what you mean and being able to hear what others tell you. Facial expressions, tone of voice, and body language also influence your ability to communicate and to listen. Finally, an understanding of human nature and your own feelings and actions play a part in good communication skills. As you come in contact with a greater variety of people both on and off the job, you will become better at understanding and responding to residents.

Tone of voice, facial expressions, and body language become important when what a resident says seems to contradict or go beyond what a resident feels. For example, a resident may seem frightened or upset by a task you perform but may not say so or ask any questions. If you notice her anxiety, you can reassure her by explaining what you are doing. Sometimes nonverbal communication will tell you more than a resident's words because it is harder to censor or control.

Your body language may also communicate something different from your words. If you feel distaste about performing a task or if you do not sympathize with a resident's request or feelings, chances are the resident will notice unless you conceal it well. If you find yourself feeling this way often, you may need to work on your ability to empathize with or relate to your residents.

Residents will notice when you are not really listening to them. Practice active listening when someone is talking to you. Be careful not to interrupt or look around the room, and don't plan what you are going to say next until the person has stopped talking. You can't really be sure what the resident or staff member wants to tell you unless you hear them out.

To communicate with someone successfully, you must use language that he or she can understand. Health professionals often use specialized words that will not be understood by residents, families, and visitors. When you talk to the resident or his family, choose words that they would use. Use technical or medical terms as little as possible.

Understanding Residents of Long-Term Care Facilities

Many residents feel apprehensive about the quality of life they will have in the future. Because of this, residents will respond best if you show by your actions that you understand the difficulties they face in their daily lives. Stop and think for a minute about how different your life is from theirs. Your sympathy will help you give appropriate care.

Many of the tasks you perform for the resident are tasks that we are not used to having others perform. This can create anxiety in both of you. Many residents feel embarrassed and humiliated when you perform such tasks for them, so use a professional manner to demonstrate that you understand their difficulties and can perform personal tasks in a gentle, impersonal manner.

Jobs that involve care-giving are often stressful, so you must learn to leave your job behind when you go home. Common symptoms of being too emotionally involved with your job include becoming increasingly angry and frustrated with residents and coworkers; thinking about residents' problems when you are working; spending your free time visiting with residents or running errands for them; and frequently feeling depressed or tired. If you think you are becoming too emotionally involved, try talking with your charge nurse and more experienced coworkers.

Sometimes you may find yourself becoming irritated by a resident whose ideas differ a great deal from your own. Avoid the impulse to argue with a resident or to condemn his opinions. It is easy for your own ideas and experiences to get in the way of being objective; some residents may remind you of a parent or revive adolescent struggles for independence. Try to maintain a professional detachment.

New residents may be uncooperative while they are adjusting to a more dependent lifestyle; giving up independence is very hard to accept. The changes must seem monumental: others now perform tasks that are very personal; the resident must follow the schedule of the facility no matter what the resident prefers or is used to; the resident has limited mobility and access to the world; the resident cannot visit friends or relatives when she needs them; the resident has given up most of her privacy and lives in a room shared by a stranger; the resident has changed her sleeping, bathing, and bathroom habits to suit the schedule of the facility; the resident must now eat food that she may not like at times that she considers inconvenient. The resident may never eat some of her favorite foods again. In other words, the resident has had no choice but to give her life into others' hands.

Because nursing assistants give most of the direct care to residents, you are the member of the health care team who will have to cope with most of their day-to-day feelings. You will give them bed baths when they want to take showers, bring them lunch at noon when they want to eat at 10:00 a.m., tell them the kitchen is closed when they are hungry at midnight; interrupt their visits with friends and family, put them to bed when they aren't tired and wake them up when they want to sleep. Perhaps worst of all, you may become irritated when they inconvenience you by trying to assert some control over their lives. In other words, you seem to be the person who actually changes the environment in ways that residents don't like. So, show compassion during the resident's transition from living in a private home to living in an institution. Accommodate the resident's requests whenever you can; and, when you can't, try to be gentle rather than indignant.

Communicating with Residents

The call light

Indiana law requires that long-term care facilities provide a way for each resident to signal the nursing station. A call light must be within easy reach of the resident in the bedroom, the bathroom, and the bathing room. Most call light systems are activated by pushing a button or a switch. The light flashes above the door of the resident's room and at the nurses' station; a bell or buzzer also sounds at the nurses' station.

For the resident, the call light is a form of communication, and the only one he or she can use in an emergency. Many residents have a lot of anxiety about the staff's ability to respond quickly if something happens to him. Try to be sensitive to this anxiety; time seems much longer to the waiting resident than it does to you. When you don't respond quickly, you communicate to the resident that his request is not as important as the other tasks you are performing.

Some residents may be unwilling to use the call light because they are afraid of bothering you. Others may be unable to use the call light because of physical or mental disabilities. Try to visit these residents on a regular schedule to ask if they need assistance.

Talking to residents

When you speak to a resident, be conscious of using the same tone of voice that you would use when speaking to anyone else. Every time you enter a resident's room, greet him or her with the correct title, such as Mr., Mrs., Doctor, Miss, Ms., or Reverend, and the resident's last name. Using the resident's title helps communicate to him or her that you respect his individuality and are aware of his experiences.

Be careful not to be too familiar with a resident. Don't use residents' first names unless they give you permission to do so. Avoid nicknames like Grandpa or Grandma or informal names like Honey, Babe, Dear, Sweetie, etc. Most people resent being asked questions in the plural, like "Are we ready to take our shower?" or "We don't like our soup today, do we?" Do not assume that you know how someone feels or thinks. People who are helpless may seem like children, but regardless of their health problems, or behavior, adults deserve to be treated like adults.

Many well-meaning people mistakenly think that using the plural or terms of endearment makes a resident feel cared for. It is much more likely to arouse resentment and make a resident feel even more trapped or helpless. Starting a conversation with a resident is a much better way to show genuine interest. Listen to what the resident has to say and ask questions. This will communicate to the resident that you care about him.

Get to know residents well

Get used to addressing each resident by name because it is more personal and because it can help prevent mistakes. Before performing a task for a resident, be absolutely certain that you are working with the right person. Some residents may not hear well or may answer to the wrong name by mistake, so you should double-check the room and bed numbers. Most beds in semi-private rooms are identified as "A" and "B" or "1" and "2." Some facilities attach photographs of the residents to the door of each room; others provide I.D. bracelets for residents. Read the name card attached to the resident's bed, match the name with a photograph of the resident, if possible, and match the name to the resident's wrist bracelet if you are uncertain of a resident's identity.

Explain tasks to residents

Most people prefer to know what is going to happen when they go to doctors' or dentists' offices. This is even more the case with people who are frequently having personal tasks performed for them by others. Before beginning, be sure to explain the tasks you are going to perform in words the resident will understand. When you are going to perform a task that will make the resident uncomfortable, make an effort to explain it in a low-key, factual manner.

A resident who cannot control his bowel and bladder is often embarrassed and angry at his lack of control. A matter-of-fact attitude will help the resident accept this situation. Let your manner communicate to the resident that incontinence is an occasional occurrence in elderly people. Your attitude can make a big difference in someone's ability to accept long-term care.

The amount of explanation you give each resident about a particular task will depend on the personality of the resident and how familiar the resident is with this task. If you are performing a routine task that the resident is accustomed to, you may need to say only that you are going to give him a bath; if, however, the task is unfamiliar to the resident, or the resident is new, give a more detailed explanation. Tell the resident as much as he wants to know about what will take place.

Victims of comas, severe strokes, senility, or mental illness often give the impression that they are not aware of their environment. No one is really sure, however, how much an unconscious or semi-conscious person hears, so make a habit of talking to residents on the assumption that they understand everything you say. Explain each task to the resident regardless of his or her level of consciousness, and don't say anything that you wouldn't want a conscious resident to hear.

Many of the tasks that you perform for the resident are repeated each day. This provides a regular time to develop a relationship with the resident. As you work with the resident, converse with her. Ask about subjects that she is interested in, such as her family, daily activities, friends, or TV programs. Talking about current events, the weather, and other shared interests will help the resident stay in touch with the outside world.

Confidential Communication

As you work with residents, you will learn about many private events that have occurred in their lives. The residents and their visitors may confide in you as your relationships with them develop. You may have access to private information from a resident's files. Most health facilities have strict rules about the confidentiality of this information, even if it is given to you by a resident himself. There is only one circumstance in which you should disclose this information: if it will help provide better health care for the resident, tell the charge nurse. Before you do so, however, explain to the resident why you feel you should pass this information on. This will prevent the resident from feeling betrayed, and he or she may volunteer additional information.

Otherwise, you should keep the information to yourself.

Residents of a nursing "home" become family to each other to some extent, and as a result, they will undoubtedly develop both friendships and rivalries. Sometimes one resident may try to find out details of a friend's condition or be curious about someone's private life. You should not talk about or give out information on a resident to anyone, however, except a staff member with a legitimate need to know--and then only in the circumstances described above. If someone asks you a question about another resident, whether out of curiosity or concern, you can usually suggest that they ask the resident directly.

Communicating respect through privacy

Long-term care facilities are institutions, and no matter how hard you try to humanize them, institutions must follow standardized routines in order to maintain efficiency. Do not violate residents' privacy by performing personal tasks when others are present, and don't try to guess which tasks may or may not embarrass him or her. Before you begin any personal care for a resident, close the privacy curtain and make sure the resident is covered by a drape when you work with him or her. Assume that residents prefer privacy, and make it easy on the resident by asking family or friends to leave the room for him. Visitors will not mind being asked politely to wait outside while you work with the resident.

After a while, you may forget that residents can be embarrassed about receiving personal care. You may also need to remind yourself that some residents want to keep their doors closed and that you should not enter without knocking, identifying yourself, and asking if you can come in. If visitors walk into the room while you are performing a task, ask them to wait outside until you have finished.

Make residents comfortable

Ask residents how they would like to have their rooms arranged and let them know that you respect their individual preferences. Make sure that personal items, such as pictures, books, tissues, and so on, are within the resident's easy reach. You can offer to do a number of small tasks that will show the resident that you care about his comfort such as cleaning his eyeglasses or adjusting his hearing aid. Some residents know that you are busy and won't want to ask for your help, so take the time to see if you can bring them a glass of water or straighten their bedcovers. These services will communicate to residents that they are important to you.

Another way to make residents comfortable is by responding to their personal preferences in room temperature. Ask residents if they would like to have the heat or air conditioning turned up or down. Although many facilities will not have a thermostat in every room, you may be able to open or close a window, but be careful not to create a draft. Many people are either too warm or too cold in the "ideal" temperature range; older people in particular are often cold, so adjust the room temperature to suit the resident if possible. Drinking extra fluid will help residents who are warm replace the fluid they have lost through perspiration. A resident who is cold can be given a shawl, lap robe, or comforter. Give residents who tend to become cold extra blankets at night.

Whenever you have finished working with a resident, make sure she is comfortable. Position the resident so that her spine is straight, her shoulders and hips are aligned, and her arms and legs are resting in a natural position.

Some residents will have many personal possessions in their rooms. As long as each room meets fire, safety, and health codes, the resident should be allowed to decorate the room and arrange his possessions however he prefers. Try not to impose your taste on the resident.

Help keep the resident's room fresh by disposing of dressings and contaminated material in a container that can be tightly closed. Don't leave items which give off odors in the resident's waste basket. Rinse out urinals, bedpans, and emesis basins immediately after each use. Old flowers and stagnant water cause a stale odor, so be sure to clean out vases and dispose of the flowers.

Thanking the resident

Thank the resident for her cooperation when you have finished a task. Residents often feel that they have little control over their lives and routines and that they are not consulted often enough about their care. You can lessen these feelings by encouraging residents to do as much for themselves as possible, by involving them in their personal care, and by thanking them for their cooperation.

Special Situations

When you encounter behavior from residents that makes you uncomfortable, it is reassuring to know that you can call on the knowledge and experience of the charge nurse and your coworkers. The more experienced staff usually have solved similar problems and can offer you suggestions. Ask their advice and remember that you are not expected to handle difficult situations or problematic behavior alone.

Because they live in a restricted environment, residents have few ways to vent their feelings. Some may take out their negative feelings on family members who come to visit, on other residents, or on you. Try to remember the difficult adjustment that these residents have made and respond in a professional way.

Communicating with an aggressive resident

At some point in your career, you will probably come across a resident who acts aggressively toward you or someone else. Aggressive behavior is usually motivated by fear or by anger; it can be either physical or verbal. Most people have had to cope with verbal aggression at one time or another but have less practice at coping with physical aggression. Don't blame yourself or assume that you have done something wrong if someone acts aggressively toward you. Aggressive behavior usually results from negative feelings inside a person, not from someone else's actions. Physical aggression can also be caused by confusion, physical pain, mental illness, high fever, senility, or medication. One of the reasons it is so important to explain tasks before you perform them is that a resident may mistakenly think that you are threatening him or going to hurt him.

If you are faced with an aggressive resident, your first priority is to protect yourself and anyone else present and to prevent the resident from harming himself. Back immediately away from the resident; don't attempt to wrestle with or subdue him. Tell the resident his behavior is unacceptable, then leave the room and try to get help from the charge nurse or from your coworkers.

You are more likely to encounter a resident who is verbally aggressive than one who is physically aggressive. To cope successfully with verbal aggression, learn to respond without showing anger or hurt. Tell the resident that his words are unacceptable, but don't argue with him--arguing will only justify his aggression. Try to remember that, even though the resident is focusing his aggression on you, you have not caused his behavior.

Communicating with a demanding resident

You will probably encounter unusually demanding residents in the course of your work. These residents may never seem satisfied or may even criticize the care you give. They may use their call lights to ask you to redo or undo a task that you have just completed, such as moving the bed to a certain position or putting on extra blankets.

Working with demanding residents is tiring and can make you feel depressed; you become angry because of their constant complaints and lack of praise. This kind of resident is usually lonely, unhappy, frightened, or angry about his helplessness. As with aggressive residents, try to understand that you did not cause their behavior, even though it is directed at you. Keep in mind that because of the resident's problems, he cannot be pleased, no matter what you or other nursing assistants do for him. Give the resident the same care that you give all residents. Residents in poor health may also be demanding and self-centered. They may think constantly about their problems and lose the ability to empathize with others. Maintaining a professional manner and cheerful attitude may help you to combat their self-pity and discourage demanding behavior.

Communicating with lonely residents

Some residents will be reassured by your care and make up reasons to keep you in the room. These residents may signal you often with the call light to make minor requests because they don't like to be alone. They need companionship and the reassurance that you will come when they need you. Your schedule will rarely allow you to give these residents much extra time; encourage other residents or members of the staff to pay short visits throughout the day. See if the resident can be moved to a community room each day or, if you can, turn on a television or radio to keep him company.

Communicating with a resident who is crying

When residents cry for reasons over which you have no control, you may feel uncomfortable and frustrated. However, crying is a healthy way to release emotion and you shouldn't discourage it. Saying, "There's no reason to cry, you can't change things" or "Give me a big smile" communicates to the resident that you don't appreciate his or her problems. You will help the resident more by communicating that you care about his pain and that he has a right to cry. Think about the way you like to be comforted when you are crying. If the resident wants to talk, listen actively. Occasionally, you may be able to improve the situation that the resident is unhappy about, but most of the time all you can do is communicate your concern.

Residents with special barriers to communication

Some residents will have speech or hearing problems that make communication harder for them. Encourage these residents to use alternate ways of communicating to compensate for their disabilities. Feelings of isolation or rejection are common among residents who cannot hear well. They should be encouraged to use hearing aids and be taught to notice body language and facial expressions for additional clues. Tell the resident that electronic devices are available to amplify the sound of telephones and televisions, and encourage the resident to stay in touch with the outside world.

Stroke victims often have speech problems. Talking to them will require you to listen very carefully. If you don't understand what the resident is saying the first time, ask her to repeat herself or write what she wants to say. As you get used to each resident's pattern of speech you will have less trouble understanding her. Knowing that people don't understand what you say is very frustrating. Encourage the resident to participate in conversations, but avoid asking questions that require detailed answers.

Sexuality

There is a growing awareness that residents of long-term health care facilities have the need and the right to express their sexual identity. This has prompted many questions about how long-term care facilities can accommodate the sexual needs of residents within the institutional environment.

The term sexuality refers to the feelings of warmth, trust, and caring that develop in important relationships between people as well as to sexual acts. Sexuality includes the physical need to touch and be touched and the psychological need to feel attractive and to feel attachment. Sexuality is a fundamental human need that does not end when a person reaches a certain age.

Many people have mistaken ideas about the sexuality of the elderly. For example, some people think that most residents of long-term care facilities have lost all interest in sex and romance, that older women don't like sex, and that older men cannot have intercourse. The traditional view is that sexuality need not be a part of the lives of the elderly, but it is an area of human experience that is important, perhaps vital, to persons of any age.

Recognizing that residents of long-term health care facilities have an interest in and need to express their sexuality is an important element in your understanding of the residents you care for. Here are some ways in which you can help to create an accepting and supportive environment in which residents can express their sexuality in healthy ways:

- Allow residents to select their own clothing, cosmetics, and hairstyles.

- Help residents dress up for special occasions.
- Help residents stay in touch with changing styles.
- Always respect the resident's privacy. When providing care, use the privacy curtain, drape the resident, and request that visitors wait outside the room. When others are present, do not discuss the resident's personal concerns, physical condition, or other private matters.
- Do not enter a resident's room when the resident has a guest without knocking unless absolutely necessary. Ask for permission before entering.
- Respect the resident's right to engage in relationships of affection and intimacy. Nonjudgmental responses to normal expressions of sexuality will convey your respect for the residents.

Accepting the residents' rights to express their sexuality does not mean that you should allow them to engage in inappropriate behavior. If a resident verbally or physically engages in sexual misconduct, whether directed at you or at another resident, you should inform him or her that this behavior is unacceptable and notify the charge nurse. If you feel uncomfortable in providing care to a particular resident, you may ask the charge nurse to allow another nursing assistant to be present when you are attending to him or her.

As a nursing assistant, you must meet both the demands of the institution and the needs of the individual residents. You must bathe and clothe residents and, at the same time, respect their right to privacy. For example, you may be aware that a resident has a guest and may not want to disturb them, but you may not be able to return later to perform a task. At times like these, the needs of the institution and the needs of the resident will be in conflict, and resolving such conflicts will take patience, professionalism, and courtesy on your part.

In the future, as our understanding of the elderly grows, long-term health care facilities may develop new ways to respond to residents' need to express their sexuality; they may:

- Permit residents to choose their roommates
- Offer educational programs on the sexuality of the elderly
- Make counseling services available to residents
- Provide more private space so that residents can develop and maintain relationships

Ideally, all residents of long-term care facilities would have the opportunity to express their sexuality fully. Nursing assistants can play an important role in realizing this ideal by maintaining a caring and understanding attitude.

Legal, Ethical & Professional Responsibilities of Nursing Assistants in Long-Term Care Facilities

The federal and state governments have passed a number of laws and regulations with which long-term care facilities must comply. You should become familiar with these regulations because you, as a nursing assistant, will be required to obey them. This section will introduce you to some of the these regulations and to other basic information about long-term care facilities.

The ideal long-term care facility would look like a private home and would provide the quality of care that is available in a hospital. The main functions of homes and hospitals, however, are almost directly opposed: the function of a home is to provide warmth, comfort, and a place for a family to gather, while the function of a hospital is to provide a sanitary, germ-free environment where medical procedures can take place and people can recover from illnesses without danger of infection. A long-term care facility would ideally blend the characteristics of both a home and a hospital; it would provide a home for people who need full-time nursing for an extended period of time or for the rest of their lives.

Long-term health care facilities provide two kinds of care to residents: intermediate care and skilled care. Residents who do not have specific health problems but cannot perform everyday tasks for themselves require intermediate care; these residents are frequently elderly. Residents of skilled care facilities may require personal care, but in addition they have health problems that require careful monitoring and treatment. These residents may be children with birth defects, victims of accidents, and people with debilitating diseases.

Intermediate care facilities often have a more home-like atmosphere than skilled care facilities because their residents do not require as much medical care. Regardless of whether you are a nursing assistant providing intermediate or skilled care, you will have to help the residents of your facility dress, bathe, eat, and walk, in as normal a way as possible.

Members of the Health Care Team

Long-term care facilities are staffed by a group of professionals who are called the health care team. Each member of the team is responsible for certain aspects of the resident's care. The chart on the following page lists the members of the health care team and shows the lines of authority within the team. The resident's doctor is hired by and is responsible to the resident and his family; since he is not employed by the health care facility, he is not included in the chart. However, the resident's doctor has the final authority on any decision about the resident's care.

The facility administrator is responsible for the finances of the facility and for policy-making; he or she must also see that the facility complies with all of the state and federal regulations that apply to it. The facility administrator has the final authority over all administrative matters.

The director of nursing (DON) is in charge of all nursing personnel. He or she helps the administrator set personnel policy and sees that all nursing personnel follow the rules and regulations of the facility. The director of nursing makes all decisions regarding employees, including hiring and firing, and is responsible for residents' official records. Because the director of nursing is on 24-hour call, most facilities have an assistant director to help carry out daily tasks and to act as a substitute for the director during his or her absences.

Members of the Health Care Team

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Facility Administrator

Director of Nursing (DON) --> Social Worker --> Physical Therapist --> Respiratory Therapist

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Assistant Director of Nursing → Inservice Director --> Activities Director

↓

Shift Supervisor

↓

Charge Nurses

Must be either a Licensed Practical Nurse (LPN) or a Registered Nurse (RN)

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Nursing Assistants

Includes:
- Qualified Medication Aides (QMAs)
- Senior Aides
- Training Aides
- Regular Aides

The staff of the facility may include a number of specialists, depending on the type of care it provides and the needs of its residents. The specialists work with residents as requested by the health care team or the resident's doctor and can include respiratory therapists, physical therapists, counselors or social workers, activity directors, and rehabilitation specialists.

The inservice director is responsible for conducting an orientation, or introduction to the facility, for new employees. He or she will explain the policies, rules, and regulations of the facility that employees are expected to follow, as well as employee benefits. The inservice director also trains and tests new personnel, shows current personnel how to use new equipment, and recommends additional training for personnel who are interested in advancement.

The shift supervisor schedules shifts and makes sure that there are enough staff members to complete the work on all shifts. The shift supervisor resolves any problems or concerns of charge nurses and informs the director of nursing when questions of policy arise.

The position of charge nurse usually rotates among all the RNs and LPNs. Charge nurses are responsible for supervising nursing assistants and for coordinating the daily care of residents. One charge nurse is usually assigned to each floor or each wing of the facility.

Nursing assistants report directly to the charge nurse, who gives them a list of tasks to perform each day. Some tasks are reported directly to the charge nurse when they are completed while others are recorded on a daily care sheet. Nursing assistants also help residents with those tasks of daily living that they can no longer complete by themselves.

Whenever you, as a nursing assistant, have any questions or concerns about the care a resident is receiving, you should tell the charge nurse. If you are dissatisfied with the response you receive, you may then tell the shift supervisor or the director of nursing. Always remember that you are a member of a health care team whose goal is to provide the best care possible for every resident.

The Health Care Plan

The professionals of the health care team work with the resident, his family, and the attending physician to develop a health care plan that is based upon personal information about the resident and his condition. This plan, which is required by law, describes the kind of care that will be given to each resident to ensure that his needs will be met. The health care plan is regularly updated and modified in accordance with the resident's progress. This requires a continuous process of observation and reporting so that ineffective treatments can be discontinued and new treatments prescribed to replace them.

Observation and Reporting

As a nursing assistant, you will see the resident more often than other any other member of the health care team. As a result, you may develop a closer relationship with residents than other team members. For these reasons, you will be relied upon to provide much of the information that is needed to assess a resident's progress so that the doctor can prescribe effective treatments. It is especially important to report any changes in a resident's condition that you observe.

Make sure to watch what goes on around you and remember what you see so that you can report your observations to the charge nurse or record them. Things you will want to observe as you work with residents include:

- Any pain or discomfort experienced by the resident. Some residents will try to ignore and cover up pain; others will exaggerate it. Try to use the resident's own words when you describe his or her pain to the charge nurse and report any other details you have observed.
- The amount of food and fluid consumed by the resident.
- Any change in the resident's urine and bowel elimination.
- Any changes or problems in the resident's ability to move, such as hand tremors, unsteadiness when walking, dizziness, fatigue, or muscle spasms.
- Any change in the resident's skin, including dryness, redness, irritation, rashes, skin tears, or bruises. Redness or irritation can indicate the beginning of a decubitus ulcer, or bedsore. Quick treatment may prevent the bedsores.
- Intended effects or side effects of prescribed medication, treatment, or therapy.
- Change in the resident's hearing, sight, sense of smell, or sense of touch.
- Change in the resident's mental alertness and general condition.

It is important that observations reported by members of the health care team be objective. Report the facts, not your interpretation of the facts. Observe the difference between fact and opinion in these examples:

Fact	Opinion
"The resident didn't help dress himself today."	"The resident was uncooperative."

Fact	Opinion
"The resident weighs 150 pounds. He has gained 10 pounds in the last month."	"The resident's diet needs to be changed."
"The resident didn't know my name today."	"The resident is becoming forgetful."
"The resident got out of bed twice last night."	"The resident is restless at night and needs a sleeping pill."
"The resident didn't eat today."	"The resident was not hungry."

In order to recognize changes in a resident's condition, you must know what his or her normal condition is. When you first begin to work with a resident, you will have to get this information from the resident's record or from another nursing assistant. When you develop a personal relationship with the resident, however, you will notice changes in his or her condition more easily.

You should report the resident's comments on his condition in his or her own words. Avoid paraphrasing or interpreting the resident's words since he is the only one who really knows what he feels. Sometimes residents may try to interpret their symptoms, however, and when they do so, you should encourage them to be as objective as they can. A detail that seems unimportant to you or to the resident may tell a physician or another health care professional a great deal.

A Code of Ethics for Nursing Assistants

A code of ethics is a set of rules that has been formulated to help people behave ethically, that is, in the best interests of those they serve. A code of ethics is especially necessary and helpful for health care professionals, who are responsible for safe-guarding the lives of innocent and often helpless people.

Both LPNs (licensed practical nurses) and RNs (registered nurses) make a promise to follow the code of ethics developed by their national organizations. The facility you work for will require you to follow a similar code of ethics. The inservice director usually discusses ethics when new nursing assistants are oriented to their jobs.

The rules below are examples of those included in a code of ethics for health care professionals:

- Do not accept money or valuables from or on behalf of a resident, either as a gift or in payment for services provided.
- Do not help a resident write a will. Notify the charge nurse that the resident wishes to consult his or her attorney.
- Do not advise a resident on legal or financial matters; encourage him to consult an attorney.
- Discuss residents with staff members for professional reasons only.
- Do not discuss residents with fellow residents or with anyone outside the health care facility. Refer all personal questions about residents to your supervisor.
- Do not perform any task or service for a resident that you believe would break a law or endanger the resident's health.
- Help any resident in need, regardless of whether or not that resident is in your care at the time.

- Help your coworkers whenever possible.
- Report any unusual symptoms or changes in a resident's condition as soon as possible.
- Follow all the rules and regulations of the facility.
- Give two weeks notice if you decide to leave the facility.

The Rights of Residents

Residents who entrust themselves to a long-term care facility have the right to expect that their dignity, their human rights, and their lives will be protected.

A document called the "Patient's Bill of Rights" appears in federal legislation for long-term care facilities. Residents are guaranteed the following rights unless a resident's doctor contraindicates them (says they are inadvisable) in writing for medical reasons:

Patient's Bill of Rights

These patients' rights, policies, and procedures ensure that each patient admitted to the facility is:

- Fully informed, prior to admission, of the facility's rules and regulations governing patient conduct and responsibilities;
- Fully informed, prior to admission, of the services available in the facility and of their charges, especially charges that are not covered in the basic daily rate;
- Fully informed, by a physician, of his or her medical condition unless there is a compelling medical reason not to do so;
- Given the opportunity to participate in planning his medical treatment and to refuse to participate in experimental

research;

- Given reasonable advance notice if he will be discharged or transferred;
- Transferred or discharged only 1) for medical reasons, 2) to preserve his welfare or the welfare of other residents, or 3) for non-payment of fees (discharge for non-payment is illegal under certain circumstances);
- Encouraged and assisted in exercising his rights as a patient and allowed to express grievances and recommend changes in policy without fear of negative consequences;
- Allowed to manage his finances or be given a quarterly accounting of financial transations that he authorizes the facility to make for him in writing;
- Free from mental and physical abuse;
- Free from chemical and physical restraints except for a limited time 1) when authorized by a physician in writing, or 2) when necessary to protect the patient or other person from injury;
- Assured that his personal and medical records are confidential and will not be released without his permission except when 1) he is transferred to a different facility; 2) someone else is paying his bill and has been given permission to see the records; 3) mandated by law;
- Treated with consideration, respect, and an appreciation of his dignity, individuality, and right to privacy;
- Not required to perform services for the facility unless they are prescribed for therapeutic reasons in his health care plan;
- Free to associate and communicate with persons of his choice and free to open his own mail unless there is a medical reason why he should not;

- Free to meet with and participate in the activities of social, religious, or other community groups unless there is a medical reason why he should not;
- Free to keep as much of his personal clothing and possessions as there is room for, unless doing so infringes upon the rights of the other residents or there is a medical reason that he should not;
- Given privacy for visits from his or her spouse, if married, and permitted to share a room with his or her spouse if both live in the facility, unless there is a medical reason dictating otherwise;

This is a shorter and simplified version of the Patient's Bill of Rights; the complete bill appears at the end of this section.

In addition to the Patient's Bill of Rights, residents are protected by the same rights given all American citizens in the United States Constitution, including the right not to be discriminated against on the basis of age, sex, race, religion, or physical handicap.

Assaulting (verbally threatening) or battering (physically harming or restraining or threatening to physically harm or restrain) a resident can expose the health care facility and its personnel to both criminal and civil legal actions. Do not threaten a resident with physical harm or with forcible restraint by saying something like, "If you don't be quiet, we'll put you in restraints," because this could be considered assault. Any illegal physical contact with a resident without his or her express consent can be considered battery, as can rough handling or physical or mental brutality of any kind, even when no perceptible physical injury results.

Everyone is entitled to privacy, that is, the right to hold yourself and your property out of the public eye. Information about residents, photographs of residents, or personal possessions belonging to residents should not leave the facility without the resident's written consent. Anything a resident tells you about his personal affairs, particularly about his medical condition, must be held in confidence as privileged information. As mentioned in the section on communication, however, you may report observations and conversations to your supervisor if you believe they have a bearing upon the resident's health.

Everyone has the right to prevent others from spreading untrue stories about him or her. If you state an untruth about a resident, either in words or on paper, you and the facility can be sued for libel or slander. This may include comments you may not think of in this light, such as saying to a coworker at lunch: "Mr. Smith is a rotten old man;" this can be considered defamation by slander. If you write on a medical report that Mr. Smith is a rotten old man, this can be considered libel. The best policy to follow to protect yourself and your facility is to refrain from discussing residents for any but medical reasons.

The kinds of lawsuits most frequently filed against long-term care facilities are suits that charge negligence, which has been defined by the Supreme Court as the failure to do what a reasonable and prudent person would ordinarily have done in the same circumstances. You do not need to intend to do wrong in order to be considered negligent; you need only have forgotten or failed to do something that a reasonable and prudent nursing assistant would have done in the same situation **if your failure causes harm to a resident or puts him in danger.** Examples of negligence include:

- Failure to raise the side rails on the bed of a resident who is in danger of falling out.
- Leaving a resident unattended in a shower or bath.

- Leaving a resident outside for a long time in hot sun or in cold weather, even if the resident doesn't want to come indoors.
- Failing to report an observation to the charge nurse that later has profound consequences for the resident's health.
- Causing an injury by using defective or broken equipment or supplies.

To avoid being involved in a lawsuit, take responsibility for protecting the residents' rights and property, keep information about residents and conversations you have had with them confidential, follow your facility's policies and use common sense to prevent accidents. If you keep the residents' best interests in mind whenever you perform a task, you should not have to worry about lawsuits.

Patient's Bill of Rights

These patients' rights, policies and procedures ensure that each patient admitted to the facility at least is:

- Fully informed, as evidenced by the patient's written acknowledgment, prior to or at the time of admission and during his stay, of these rights and of all rules and regulations governing patient conduct and responsibilities;
- Fully informed, prior to or at the time of admission and during stay, of services available in the facility, and of related charges including any charges for services not covered under titles XVIII or XIX of the Social Security Act, or not covered by the facility's basic per diem rate;

- Fully informed, by a physician, of his medical condition unless medically contraindicated (as documented, by a physician, in his medical record) and is afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research;
- Transferred or discharged only for medical reasons, or for his welfare or that of other patients, or for non-payment for his stay (except as prohibited by titles XVIII or XIX of the Social Security Act), and is given reasonable advance notice to ensure orderly transfer or discharge, and such actions are documented in his medical record;
- Encouraged and assisted, throughout his period of stay, to exercise his rights as a patient and as a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;
- May manage his personal financial affairs or be given, at least quarterly, an accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility for any period of time, in conformance with State law;
- Free from mental and physical abuse, and free from chemical and (except in emergencies) physical restraints except as authorized in writing by a physician for a specified and limited period of time, or when necessary to protect the patient from injury to himself or to others;

- Assured confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in case of his transfer to another health care institution, or as required by law or third-party payment contract;
- Treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;
- Not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;
- Free to associate and communicate privately with persons of his choice, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician in his medical record);
- Free to meet with, and participate in activities of social, religious, and community groups at his discretion, unless medically contraindicated (as documented by his physician in his medical record);
- Free to retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, and unless medically contraindicated (as documented by his physician in his medical record); and
- If married, is assured privacy for visits by his/her spouse; if both are in-patients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician in the medical record).

Rev. 85	DAILY CARE SHEET	#333555	

Southern Hills Care Facility
111 Hillside Drive
Anytown, USA

Resident's Name

DATE														
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Bath														
Complete														
Partial														
Tub														
Shower														
Oral Hyg														
Shave														
Activity														
Chair														
Walk														
Wh/ch														
Restrain														
Elim														
Bedpan														
Bedside Com														
Bathroom														
Dress														
Skin Care														
Backrub														

Rev.85	RESTRAINT RECORD	

Southern Hills Care Facility
11 Hillside Drive
Anytown, USA

Resident's Name

Date	Type of Restr.	Frequency	Position Change	Signature

Accident Prevention and Safety

Residents of long-term care facilities depend on you and other nursing assistants to make sure they are safe and to protect them from accidents. This requires you to be safety-conscious at all times. Rely on your common sense and follow these safety guidelines:

- Follow special instructions for residents very carefully. The charge nurse will tell you when a doctor orders special care. Examples of special instructions are: "Avoid prolonged exposure to sunlight," "Keep the head of the bed elevated," and "Walk with assistance only."
- If you don't understand a task you have been given to do or if instructions are unclear, ask the charge nurse.
- If you think you have made a mistake in the care you have given to a resident, report it to the charge nurse right away.
- Report to the charge nurse any injury to yourself or to residents. Call for first aid, if necessary.
- Place all supplies in a proper storage area as soon as you finish using them. Cleaning solutions, soaps, nail polish removers, insecticides, lotions, and similar liquids pose hazards to residents.
- Never use the contents of unmarked containers, even if you think you know the contents. Give any unmarked container to the charge nurse.
- Ask the charge nurse to explain any directions on labels that you don't understand.
- Make sure the brakes are working on wheelchairs and shower chairs before transferring a resident to the chair.

- Be sure the resident's feet are on the footrests when you move him in a wheelchair. Also be sure the resident's hands are safe before moving the chair.
- Leave the gatch handles on the resident's bed pushed in when you are not using them.
- Never run when you are in the facility. When walking in hallways, keep to the right and watch for residents who may be moving slowly.
- Be alert to possible collisions when moving equipment through doorways and around corners.
- To prevent falls, wipe or mop up any spills immediately. Put up a "caution, wet floor" sign whenever needed.
- Report to the charge nurse any condition you think could cause an accident. Examples of such conditions include broken hand rails, torn carpeting, faulty wheelchair brakes, and malfunctioning equipment.

Caring for a resident who has fainted

If a resident faints in your presence, use your body to break the fall and guide the resident gently to the floor. Call the charge nurse immediately. Do not leave the resident. Check the resident's pulse and respiratory rate. Administer smelling salts if you have been trained to do so. To prevent further injury, do not let the resident get up until the charge nurse arrives. Assist the charge nurse as necessary.

Symptoms that indicate a resident may be about to faint include dizziness, lightheadedness, seeing spots before the eyes, suddenly becoming pale in the face, and sweating. If a resident reports these symptoms or shows signs of faintness, call the charge nurse immediately. Do not leave the resident. Help the resident sit down and lower his or her head to a resting position on or between his knees. Loosen any tight clothing. Check the resident's pulse and respiratory rate and when the charge nurse arrives, provide assistance as necessary.

Preventing falls and caring for a resident who has fallen

Many residents of long-term care facilities are prone to falls. Some residents cannot stand up or walk safely without assistance. To prevent them from falling, follow these steps:

- Encourage residents to use the hand rails on the walls for support when walking or when in the bathroom or shower room.
- Align a dependent resident's head, shoulders, spine, and hips after you position him. Make sure he is comfortable. This will lessen the chance that he will try to reposition himself and fall out of bed.
- Make sure the call light is always within the reach of the resident.
- Answer the call light as quickly as possible. If the resident cannot get up without your help, it is important that he or she believe that you will come soon.
- Put articles the resident often uses within easy reach so that residents who need help walking will not try to walk by themselves.
- Unless the resident has signed a waiver, both side rails should be up whenever the resident is in bed and unsupervised.
- Place the bed in its lowest position before you leave the room. This will minimize injury if the resident falls out of bed.
- Pick up or move objects that the resident might trip over.
- Make sure all electrical cords are out of the way.

- Never leave residents unattended in the bathroom.

If a resident starts to fall in your presence, do not try to lift him. Instead, use your body to break his fall and guide him gently to the ground. If a resident falls, call for the charge nurse immediately. Do not leave the resident, try to move him, or allow him to get up. Do not place a pillow under his head because moving his head could injure him. Cover the resident, if possible, to keep him or her from being chilled.

Check the resident's pulse and repiratory rate. If the resident is conscious, talk to him in a reassuring manner. Remember that only doctors and licensed nurses treat residents, so don't do anything for the resident that could be considered a treatment while you wait for the charge nurse to arrive.

Using protective restraints

A protective restraint is a device that restricts the resident's movement to prevent him from injuring himself or others. It may never be used without a doctor's written order. The charge nurse will tell you when to use restraints.

The protective restraint most commonly used is the seat restraint. It is used with residents who can no longer sit up without assistance to prevent them from sliding out of a chair. Residents often prefer that the restraint not be visible; cover it with a lap robe or the resident's clothing whenever possible.

Preventing burns

Most burns that occur in long-term care facilities are caused by commonly used items. To prevent burns, follow these safety guidelines:

- Always ask the resident to check the temperature of the water before giving him a bath or any care that involves water. Adjust the water temperature whenever necessary.
- When applying a hot water bottle, do not fill it with water that is hotter than 120 degrees. Check the resident's skin frequently for signs of redness, irritation, or burns.
- If the temperature of the hot water in the sink, bathroom or bath is high enough to burn skin, tell the charge nurse.
- If a resident is using a heating pad, set it to the lowest heat possible. Check her skin frequently for signs of redness, irritation, or burns.
- Some of the cleaning supplies used in facilities can cause skin burns; make sure they are put away.
- Help residents to avoid spilling hot liquids, such as coffee or tea, on themselves.

Fire safety

All health care staff are responsible for getting residents safely out of the building in the event of a fire. During the orientation for new employees, you will be instructed about how to prevent fires and what to do if a fire occurs. You will also be told about the location and type of fire extinquishers used in the facility, the floor plan, and the designated exit routes to use in case of a fire. Your facility will hold regular fire drills to practice procedures for protecting residents and the fire marshall will conduct regular inspections to insure that the facility is following all fire codes.

Here are some typical guidelines for fire prevention:

- Don't store cleaning rags soaked in chemicals or oils in the open. Never store them on the shelf of a poorly ventilated closet. Put them in a metal container with a lid that closes tightly.
- If any door feels warm to the touch, don't open it. A warm door can be a sign of fire. Report it to the charge nurse immediately.
- Throw trash and rubbish into proper containers. Make sure you follow correct procedure when throwing away spray cans. Spray cans can explode and cause fires when not disposed of properly.
- The contents of ashtrays can cause fires; don't empty them into wastebaskets or plastic bags. Follow the disposal policy of your facility.
- Enforce all smoking rules. You may have to remind residents and visitors where they are allowed to smoke. Report anyone who smokes in unauthorized areas to the charge nurse.
- Make sure that non-flammable ashtrays are used instead of paper plates and other items that burn.
- Defects in the heating and cooling systems can cause fires. If you ever have reason to believe these systems are not working properly, tell the charge nurse right away.

Fires must have air to burn, and the higher the concentration of oxygen in the air, the easier it is for a fire to start and spread. The smallest spark can start a fire when large concentrations of oxygen are present. The most common causes of sparks are electrical devices and static electricity. Special rules for fire safety must be followed whenever a resident is receiving oxygen. Follow the directions for working with a resident who is receiving oxygen; they will be posted on the door of the resident's room. Here are some special special fire safety rules for residents who receive oxygen:

- Remove electrical appliances when possible before the oxygen is turned on. Unplug any electrical equipment that must be left in the room.
- When caring for a resident who is receiving oxygen, do not use alcohol, nail polish remover, lotions, oils, or any other substance that could burn easily.

Electrical safety

To prevent electrical burns or shock:

- Never allow electrical appliances to come in contact with water. Water conducts electricity and can cause severe shocks. Keep all electrical appliances, such as razors, hair dryers, and radios, away from sinks, bath basins, and shower rooms.
- Before you plug or unplug an electrical appliance, dry your hands. Do not plug or unplug an appliance while standing in water or in wet shoes.
- Check all cords for frayed wires. If you see a bare wire, do not plug in the cord; report it to the charge nurse.
- Do not overload extension cords.

- If you have any reason to believe a piece of equipment is faulty, do not use it. Report it to the charge nurse. Never use equipment that does not work properly all of the time.
- If a motor, wire, or light smells as if it might be overheating or burning, unplug it and tell the charge nurse right away.

Introduction

Medical Asepsis and Cleaning

Medical asepsis is the state of being free from disease-causing microorganisms. It is essential that persons working in long-term health care facilities wash their hands, clean equipment, and handle linen in ways that prevent the spread of germs, that is, in ways that maintain medical asepsis. This will help protect both the residents under your care and you yourself from becoming ill.

Every health care facility has rules and guidelines, called infection control policies, to help control the spread of germs. One of the first things you will be taught is how to follow these policies. Remember that the single most effective way to prevent the spread of infection is to wash your hands correctly.

The scientific term for germs is microorganisms. These are living organisms that are too small to be seen with the naked eye. Microorganisms are everywhere: in the air, in water, in food, on clothes, etc. Not all microorganisms are harmful. In fact, some, like those used in the making of cheese or in drugs such as penicillin, are extremely helpful to man. Many do cause disease, however. Microorganisms can be spread by directly touching someone who has an infection; by touching the linen or other belongings of someone who has an infection; by sneezing or coughing; and by handling or consuming contaminated food, drugs, or water.

Occasionally a resident may have a disease that is easily spread from one person to another. In this case, he or she may be placed in isolation for a short time. Every facility has its own isolation procedures; be sure to learn the procedures of your facility. When a resident is put in strict isolation, he or she is placed in a separate room to prevent others from contracting his or her disease. When a resident is in strict isolation, everyone, including persons caring for the resident, will be required to wear a gown, mask, and gloves before entering his or her room. All linens and other items that come in contact with this resident will be given special handling in order to avoid the spread of germs. Residents who are vulnerable to infection may be placed in reverse isolation; that is, they will be isolated in order to protect them from contracting a disease. Remember that while residents are in isolation, they will feel alone and will need extra reassurance.

Duty: Medical Asepsis and Cleaning

Definitions of Key Terms

antiseptic--A substance that inhibits the growth of germs. Antiseptic solutions are used as cleaning agents to prevent the spread of infection.

aseptic--Free of infection. Often refers to proper handwashing and other measures taken to prevent the spread of infection. (See medical asepsis.)

clean--Fresh, unused, and free from disease-causing organisms.

contaminated--Exposed to disease-causing organisms. Dirty.

dirty--Exposed to disease-causing organisms. Contaminated. No longer clean.

infection--Condition that exists when disease-causing microorganisms have entered and spread in the body.

microorganism--Living organisms that can be seen only through a microscope.

nosocomial--Refers to an infection acquired in a health care facility.

sterile--Completely free from all living organisms; a state that can be achieved by special measures, such as subjecting objects to steam under pressure.

Duty: Medical Asepsis and Cleaning

List of Equipment and Supplies

bucket
clean linen
clean reusable equipment
cleaning cloth
cleaning solution
dirty linen (to practice handling of the linen)
dirty reusable equipment (to practice handling of the equipment)
mop
paper towels
rubber gloves
sink
soap
supply cart
tub and tile cleaner
waste basket

Duty: Medical Asepsis and Cleaning

Task: Wash hands using medical asepsis.

SUGGESTED NOTES	YOUR NOTES

Prerequisites

Performance Objective

Wash hands using medical asepsis. You must finish washing your hands within two minutes, and you must maintain the minimum cleanliness standards of your facility.

Key Terms

- antiseptic
- aseptic
- contaminate
- friction and rotary motions
- infection control
- medical asepsis
- microorganism
- nosocomial
- pathogen
- sterile
- surgical asepsis

Equipment and Supplies

- sink
- soap
- paper towels
- waste basket

Audiovisuals and Resources

Medical asepsis (Filmstrip/cassette: No. 376). Garden Grove, CA: Trainex.

Morris, S. (1983). Infection control in the long-term care facility. Bloomington, IN: Vocational Education Services.

SUGGESTED NOTES YOUR NOTES

Performance Steps

- *1. Remove your watch and rings if you are wearing any.
- *2. Turn on the water.
- *3. Regulate the water to a comfortable temperature.
- *4. Wet your hands.
- *5. Apply soap to your hands.
- 6. Wash your palms and the backs of your hands.
  - a. Use at least ten rotary motions.
  - b. Use at least ten friction motions.
- 7. Wash your fingers, your knuckles, and between your fingers.
- 8. Interlace your fingers and rub them up and down at least ten times.
- 9. Wash underneath your fingernails.
- *10. Point your hands down toward the drain and rinse them thoroughly under the running water.
- 11. Wet your wrists and forearms.
- 12. Apply soap to your wrists and forearms.
- 13. Wash your wrists and forearms.
  - a. Use at least ten rotary motions.
  - b. Use at least ten friction motions.
- *14. Point your arms down toward the drain and rinse thoroughly, beginning at your elbows and ending at your fingertips.
- 15. Blot your hands and arms dry.
  - a. Begin at your forearm and blot down to your fingertips.
  - b. Use clean paper towels.
- *16. Turn off the water without breaking asepsis.

***Key Points**

1. Never wear a ring with a raised stone because it might scratch a resident. Other jewelry, such as bracelets, should not be worn in a health care facility.

2. The faucet you are using may be operated either by knee control, foot pedal, or hand levers. These are the 3 types of faucets commonly found in health care facilities.

SUGGESTED NOTES YOUR NOTES

3. Use warm water. Hot or cold water tends to dry out the skin and may not remove all skin oil completely.

4. Once you begin washing your hands, do not touch the sink, faucets, counters or your clothing. If you touch anything that is not aseptic, your hands will become recontaminated, and you will have to start over again.

Be sure not to get your uniform wet while you are washing your hands because when it is wet it carries microorganisms more easily.

5. Most soaps found in your home and in health care facilities are non-antiseptic soaps. These do not kill pathogens but only help loosen them so that you can rinse them away. When you wash with a non-antiseptic soap, you must use friction and rotary motions to help loosen and remove pathogens. You must also rinse thoroughly since any pathogens left on your hands will recontaminate them.

Antiseptic soaps kill many microorganisms. If your facility provides an antiseptic soap, you should apply it evenly over your hands and forearms and wash for 10-15 seconds before rinsing. If you need further instructions ask the charge nurse.

10. & 14. Point your hands and wrists downward as you rinse to prevent the soap from running back onto the clean part of your hands and recontaminating them.

16. If there are hand levers on the sinks, use a clean paper towel to turn off the water. Do not touch anything that is not aseptic.

SUGGESTED NOTES YOUR NOTES

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Medical Asepsis and Cleaning
Task: Wash hands using medical asepsis.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Removes watch and rings	___	___	___
2.	Turns on water	___	___	___
3.	Regulates water temperature	___	___	___
4.	Wets hands	___	___	___
5.	Applies soap to hands	___	___	___
6.	Washes palms and backs of hands	___	___	___
7.	Washes fingers, knuckles, and between fingers.	___	___	___
8.	Interlaces fingers and rubs up and down	___	___	___
9.	Washes underneath fingernails	___	___	___
10.	Points hands down and rinses them thoroughly	___	___	___
11.	Wets wrists and forearms	___	___	___
12.	Applies soap to wrists and forearms	___	___	___
13.	Washes wrists and forearms	___	___	___
14.	Points wrists and forearms down and rinses them thoroughly	___	___	___

	S	U	N/A
15. Blots hands and arms dry			
16. Turns off faucet without breaking asepsis			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Medical Asepsis and Cleaning

Task: Handle clean and dirty linen.

SUGGESTED NOTES | YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following task:
  Wash hands using medical asepsis.

Performance Objective

Handle clean and dirty linen aseptically. Clean linen must stay uncontaminated. Dirty linen must be kept separate from clean linen and your clothing. Soiled linen must be disposed of according to the policy of your facility.

Key Terms

antiseptic
aseptic
contaminated
clean
infection control
linen
microorganism
nosocomial
pathogen
sterile

Equipment and Supplies

clean and dirty linen

Audiovisuals and Resources

Performance Steps

1. Wash your hands.
*2. Gather all the clean linen you will be using.
*3. Carry the linen to the residents room without allowing it to touch anything.
*4. Lay the clean linen aside, preferably on the resident's bed or chair.
*5. Gather the soiled linen.
*6. Use the clean linens.
*7. Take the soiled linen from the room and dispose of it according to the policy of your facility.
8. Wash your hands.

***Key Points**

2. Clean linen is stored in an isolated closet. Take only the amount of linen you need into the resident's room. Linen cannot be put back on the storage shelf once it is removed.

3. Avoid touching your uniform with the clean linen because your uniform carries microorganisms that will contaminate the linen.

   If you allow the linen to come into contact with any surface before entering the resident's room, or if you drop the linen on the floor, you must dispose of it and get clean linen. You cannot use contaminated linen.

4. Once you are in the resident's room, it is all right for the clean linen to come into contact with some surfaces. Never allow the clean linen to touch the floor, however, or any surface in the resident's room that is visibly soiled.

SUGGESTED NOTES YOUR NOTES

5. The soiled linen you will gather for disposal includes sheets, towels, washcloths, and gowns. Do not allow the soiled linen to touch the clean linen or any other clean items. Get the soiled linen out of the open air without delay to prevent the spread of pathogens. Put the soiled linen into a tightly closed container as soon as possible, preferably while it is still in the resident's room, to prevent the spread of pathogens and to reduce odor.

6. Do not shake out clean bed linen. This spreads microorganisms through the air.

7. If the soiled linen contains any solid matter, such as food, feces, or vomit, take it into the utility room and rinse it off before disposing of it. Most utility rooms have commode sinks that are designed to rinse out linen and flush away solid matter. Some facilities provide plastic gloves for you to wear while performing this task. Check the policy of your facility. Make sure you wash your hands before leaving the utility room.

Student Activity/Assignment
1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Medical Asepsis and Cleaning
Task: Handle clean and dirty linen.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers clean linen			
3. Carries clean linen into resident's room without contaminating it			
4. Lays the clean linen aside			
5. Gathers soiled linen			
6. Uses clean linen			
7. Disposes of soiled linen			
8. Washes hands			

Comments: ____________________

____

Student's Signature: ____________________

Instructor's Signature: ____________________

Date: ____________________

Duty: Medical Asepsis and Cleaning

Task: Clean reusable equipment.

SUGGESTED NOTES

YOUR NOTES

Prerequisites

Ability to apply the information provided in:

Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following task:

Wash hands using medical asepsis.

Performance Objective

Clean reusable equipment using medical asepsis. Clean equipment must remain uncontaminated. Dirty and clean equipment must be kept separate and must be cleaned according to the policy of your facility.

Key Terms

antiseptic
aseptic
contaminated
clean
infection control
microorganism
nosocomial
pathogen
reusable equipment
sterile

Equipment and Supplies

clean and dirty reusable equipment
cleaning solution
cleaning cloths
bucket
supply cart

Audiovisuals and Resources

Morris, S. (1983). Infection control in the long-term care facility. Bloomington, IN: Vocational Education Services.

SUGGESTED NOTES	YOUR NOTES

Performance Steps

1. Wash your hands.
*2. Obtain the clean reusable equipment you will be distributing and put it on one shelf of a supply cart.
*3. Take the cart to a resident's room without contaminating the clean equipment.
4. Take the clean equipment into the resident's room and put it away.
*5. Collect all the dirty equipment from the resident's room and put it on the supply cart.
6. Wash your hands.
7. Repeat steps 3-6 until you have visited all the rooms you are responsible for.
8. Take all the dirty equipment you have collected into the utility room.
*9. Wash the equipment.
*10. Package the equipment, if necessary.
*11. Store the equipment.
12. Wash your hands.
13. Obtain the cleaning solution used by your facility, a bucket, and a cleaning cloth.
14. Dilute the cleaning solution in the bucket according to the manufacturer's instructions.
15. Go to the area in which wheelchairs and walkers are stored.
*16. Wipe each wheelchair and walker with the cleaning solution.
17. Rinse out the bucket.
18. Pour fresh cleaning solution into the bucket, dilute it, and get a fresh cleaning cloth.
19. Enter a resident's room and clean such reusable items as his cane and bedside commode.
20. Dispose of the cleaning cloths according to the policy of your facility.
21. Rinse out and store the bucket.
22. Wash your hands.

***Key Points**

2. Reusable equipment that you will be distributing includes such items as bedpans, fracture pans, urinals, bedside commodes, emesis basins, and bath basins.

SUGGESTED NOTES	YOUR NOTES

3. If you allow clean unpackaged equipment to come into contact with any contaminated surface before entering the resident's room or if you drop it on the floor, you must clean it. You cannot use contaminated equipment.

5. You must separate the clean and dirty equipment on the cart. If you need further instructions, ask the charge nurse.

9. & 11. Every facility has a different policy regarding the washing, drying, packaging, and the storing of reusable equipment. Follow the cleaning schedule and policy of your facility.

10. Follow the policy of your facility. The equipment must be completely dry before it is packaged. Bacteria will grow in any water left inside the package.

16. Follow the cleaning policy of your facility.

Student Activity/Assignment
1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Medical Asepsis and Cleaning
Task: Clean reusable equipment.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory   U = Unsatisfactory   N/A = Not Applicable

		S	U	N/A
1.	Washes hands	___	___	___
2.	Puts clean equipment on supply cart	___	___	___
3.	Takes cart to resident's room	___	___	___
4.	Takes clean equipment into resident's room	___	___	___
5.	Collects dirty equipment and puts it on cart	___	___	___
6.	Washes hands	___	___	___
7.	Repeats steps 3-6 until all rooms have been visited	___	___	___
8.	Takes dirty equipment to utility room	___	___	___
9.	Washes equipment	___	___	___
10.	Packages equipment	___	___	___
11.	Stores equipment	___	___	___
12.	Washes hands	___	___	___
13.	Obtains cleaning solution, bucket, and cleaning cloth	___	___	___
14.	Dilutes cleaning solution	___	___	___
15.	Goes to area in which wheelchairs and walkers are stored	___	___	___
16.	Wipes off each wheelchair and walker	___	___	___
17.	Rinses out bucket	___	___	___
18.	Pours fresh cleaning solution into bucket, dilutes it, and gets fresh cleaning cloth	___	___	___

	S	U	N/A
19. Cleans reusable items in resident's rooms			
20. Disposes of cleaning cloths			
21. Rinses out and stores bucket			
22. Washes hands			

Comments: ____________________

____

Student's Signature: ____________________

Instructor's Signature: ____________________

Date: ____________________

Duty: Medical Asepsis and Cleaning

Task: Clean tubs and showers.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Handle clean and dirty linen

Performance Objective

Clean tubs and showers aseptically. All fixtures must be clean and mopped dry.

Key Terms

antiseptic
aseptic
contaminated
clean
infection control
microorganism
nosocomial
pathogen
sterile

Equipment and Supplies

cleaning cloth
tub and tile cleanser
short-handled mop and mop container
rubber gloves
waste basket

Audiovisuals and Resources

Morris, S. (1983). Infection control in the long-term care facility. Bloomington, IN: Vocational Education Services.

SUGGESTED NOTES	YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
*3. Remove any soiled linen from the shower and tub room.
4. Clean out any hair clogging the drain cover.
5. Clean the shower chair if one is present.
   a. Rinse off the chair, beginning at the top and rinsing down to the wheels.
   b. Use a cleaning cloth and cleanser to wipe down the chair.
   c. Rinse the chair thoroughly.
6. Rinse out the tub or shower with clean water.
*7. Mop the tub or shower and fixtures.
8. Rinse the tub or shower and fixtures with clean water.
9. Wipe the floor around the tub or shower dry.
10. Rinse out the mop and replace it in its container.
11. Store the reusable equipment.
12. Wash your hands.

***Key Points**

3. Review the task: "Handle clean and dirty linen," if necessary.

7. Always clean the top and sides of the shower or tub before you clean the bottom. This will prevent you from recontaminating surfaces you have already cleaned.

   Use the mop and cleanser provided by your facility. Since many of the cleaning solutions used in health care facilities are very strong follow the manufacturer's directions carefully when using them. Do not spill the solution on your clothing or skin and use rubber gloves if your facility provides them. If you need further instructions, ask the charge nurse.

SUGGESTED NOTES	YOUR NOTES
Student Activity/Assignment 1. Review the definitions of key terms. 2. Practice this task. Work with a partner whenever possible. 3. Complete the performance checklist with your instructor.	

Performance Checklist

Duty: Medical Asepsis and Cleaning
Task: Clean tubs and showers.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes Hands			
2. Gathers equipment			
3. Removes any soiled linen from tub or shower room			
4. Cleans out drain cover			
5. Cleans shower chair			
6. Rinses tub or shower			
7. Mops out tub or shower and fixtures with clean water			
8. Rinses tub or shower			
9. Wipes around tub or shower floor			
10. Rinses out mop and replaces it in its container			
11. Stores the reusable equipment			
12. Washes hands			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Introduction

Positioning and Moving Residents

As a nursing assistant, you will frequently be required to position and move residents. In order to avoid injuring yourself when you perform these tasks, be sure to use good body mechanics, that is, stand and move in ways that will help you avoid back strain and other kinds of injury. Good body mechanics will help you make the most of your strength and prevent you from tiring easily.

To practice good body mechanics, remember to do the following when you are about to move residents or heavy objects:

- Stand with your feet about as far apart as your shoulders and with one foot a little behind the other. This will create a firm base of support for your body and will make it more balanced and stable.
- Use good posture.
- Keep your back straight and your knees bent.
- Roll, pull, or push objects whenever possible instead of lifting them.
- Avoid twisting your back; turn your whole body in the direction in which you are working.

If you cannot handle a task yourself, remember to ask for help. Don't risk injuring your back. Remember to move with your partner(s) in order to distribute the resident's weight evenly.

When positioning residents, you must make sure to align the resident's head, neck, and spine when you are finished so that the resident does not develop skin irritation, muscle strain, or spinal twisting. Using good body mechanics will help prevent both you and the resident from injuring yourselves.

Duty: Positioning and Moving a Resident

Definitions of Key Terms

air mattress—A plastic pad that is divided into cells that are filled with air. The pad is plugged into an electric motor that regulates the amount of air in it. The air mattress is used on a resident's bed to help prevent bedsores.

bed cradle—A device used to hold the bedclothes away from a resident's arm or leg when the resident is in bed. Used to protect burned or delicate skin from irritation.

body alignment—Arranging a resident's limbs and spine in a straight line.

decubitus ulcer—An open wound that is caused by the pressure of lying or sitting in one position for long periods of time. Also called a pressure sore or bedsore.

footboard—A wooden board placed at the end of the mattress to support a resident's feet and to prevent foot drop.

foot drop—Permanent damage to the calf muscles and tendons that is caused by a lack of support to the soles of the feet over a long period of time.

Fowler's position--A bed position in which the resident's head is elevated 45 degrees and his knees are flat.

gatch-frame bed—A bed that has handles or cranks that change its height or the angle of its head and foot.

gauze pads—Small squares of thin open-weave material. These are often placed between a resident's skin and a restraint to protect the resident's skin from bedsores and irritation.

genitals—The external reproductive organs, including the scrotum and the penis in men and the vagina in women.

lateral position--Lying on one side with the legs outstretched and with one leg on top of the other. In this position, the bottom arm is placed slightly in front of the body and the top arm is either resting above the resident's side or is folded across the chest.

prone--Lying on the stomach with the head turned to one side. The arms can be either at the sides or bent at the elbows.

restricted circulation--Circulation that has been cut off or lessened. Restricted circulation can be caused by restraints that have been fastened too tightly.

semi-Fowler's position--A bed position in which a resident's head is elevated 45 degrees and the knees are elevated 15 degrees.

Sim's position--Lying on one side with the top knee bent and resting on a pillow. The bottom arm is in front of the body and the top arm is bent at the elbow.

soft limb restraints--Bands made of lamb's wool that are wrapped around the wrists or ankles and fastened to a bed or chair. Soft restraints are used to prevent a resident from leaving a bed or chair and injuring himself or others.

soft mittens--Restraints placed on a resident's hands to prevent self-inflicted injury.

supine--Lying flat on the back with legs straight and arms resting at the sides.

vest restraint--A soft vest-like garment that is used to prevent a resident from falling out of a bed or chair.

Duty: Positioning and Moving Residents

List of Equipment and Supplies

blankets
draw sheet
gatch-frame bed
lotion
pillows
towels

Duty: Positioning and Moving Residents

Task: Adjust a gatch-frame bed.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following task:
  Wash hands using medical asepsis
Ability to recognize the position of a bed adjusted to angles from zero to ninety degrees

Performance Objective

Adjust the gatch-frame bed into the positions specified by your instructor.

Key Terms

gatch-frame bed

Equipment and Supplies

gatch-frame bed

Audiovisuals and Resources

Handout:
  The Gatch-Frame Bed

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
*2. Identify the resident.
3. Greet the resident.
4. Explain the task to the resident.
5. Provide for the resident's privacy.
*6. Locate the cranks at the foot of the bed.
*7. Adjust the height of the bed.
    a. Pull out the middle crank.
    b. To raise the height of the bed, turn the middle crank to the right (clockwise).
    c. To lower the height of the bed, turn the middle crank to the left (counterclockwise).
    d. Push the crank back under the bed.
8. Adjust the head of the bed.
    a. Pull out the left crank.
    b. To raise the head of the bed, turn the left crank to the right (clockwise).
    c. To lower the head of the bed, turn the left crank to the left (counterclockwise).
    d. Push the crank back under the bed.
9. Adjust the foot of the bed.
    a. Pull out the right crank.
    b. To raise the foot of the bed, turn the right crank to the right (clockwise).
    c. To lower the foot of the bed, turn the right crank to the left (counterclockwise).
    d. Push the crank back under the bed.
*10. Check the position of the side rails.
11. Put the call light within the resident's reach.
12. Attend to the resident's comfort and safety.
13. Thank the resident for her cooperation.
14. Wash your hands.

***Key Points**

2. It will be easier to learn the task if you practice with an empty bed.

6. Cranks must always be pushed under the bed when not in use so that people passing by the foot of the bed will not stumble over them.

100

SUGGESTED NOTES | YOUR NOTES

7. This assumes that you are practicing with a hi-lo bed, that is, a bed that can be completely raised and lowered. If the bed you are practicing with is not a hi-lo bed, its height is not adjustable, and you can move on to step 8. When you are attending to a resident who is in a hi-lo bed, you should always raise the bed to a comfortable working height before performing any tasks.

10. The side rails should be raised to keep the resident from falling out of bed, unless otherwise specified. In some facilities residents can sign waivers stating that the side rails are to be kept lowered. Check with the charge nurse for further instructions.

    Side rails may be run the full length or only half the length of the bed. Most beds in long-term health care facilities have full-length side rails. Each side rail has a lever that raises and lowers it. Ask your instructor to show you how to operate the levers.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Positioning and Moving Residents
Task: Adjust a gatch-frame bed.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands	___	___	___
2. Identifies resident	___	___	___
3. Greets resident	___	___	___
4. Explains task to resident	___	___	___
5. Provides for resident's privacy	___	___	___
6. Locates cranks at foot of the bed	___	___	___
7. Adjusts the height of the bed	___	___	___
8. Adjusts the head of the bed	___	___	___
9. Adjusts the foot of the bed	___	___	___
10. Checks position of side rails	___	___	___
11. Puts call light within resident's reach	___	___	___
12. Attends to resident's comfort and safety	___	___	___
13. Thanks resident for cooperating	___	___	___
14. Washes hands	___	___	___

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Positioning and Moving Residents

Task: Move a resident toward the head of the bed.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Adjust a gatch-frame bed
  Move a resident into the supine position

Performance Objective

Move a resident toward the head of the bed. You must use appropriate body mechanics and move the resident in one continuous motion.

Key Terms

affected side
align
body mechanics
center of gravity
friction

Equipment and Supplies

Audiovisuals and Resources

Lifting and moving patients (Filmstrip/cassette: No. 375). Garden Grove, CA: Trainex.

Schniedman, R. B., Lambert, S. M., & Wander, B. R. (1982). Being a nursing assistant (3rd ed.). Bowie, MD: Robert J. Brady.

Performance Steps

1. Wash your hands.
2. Identify the resident.
3. Greet the resident.
4. Explain the task to the resident.
5. Provide for the resident's privacy.
6. Untie any restraints.
*7. Put the bed in the flattest position the resident can tolerate.
*8. Raise the bed to a comfortable working height, if possible.
*9. Remove the pillow from under the resident's head.
10. Lean the pillow against the headboard.
11. Lower the side rail.
*12. Stand next to the resident's affected side.
13. Ask the resident to flex her knees and put her feet flat on the mattress.
14. Face the head of the bed.
15. Bend your knees, keeping your back straight.
16. Take the hand that is farthest from the resident and reach it under her back, placing it against the resident's shoulder that is farthest away from you.
17. Grasp the resident's upper arm that is closest to you with your other hand.
18. Ask the resident to grasp the side rail opposite you and move toward the headboard on a count of three.
*19. Move the resident on a count of three.
    a. Tell the resident to push toward the head of the bed with her feet as you slide her in the same direction.
    b. Move the resident in one smooth motion.
20. Replace the pillow under the resident's head.
21. Retie any restraints.
*22. Check to see that the resident's body is properly aligned.
23. Put the call light within the resident's reach.
24. Attend to the resident's comfort and safety.
*25. Lower the bed.
26. Thank the resident for her cooperation.
27. Wash your hands.

SUGGESTED NOTES YOUR NOTES

***Key Points**

7. 8. Review the task: "Adjust a gatch-frame bed," if
& 25. necessary.

9. This assumes that the resident is in the supine position. If not, move the resident into that position. Review the task: "Move a resident into the supine position," if necessary.

12. Standing next to the resident's affected side will enable you to move the resident with a minimum of added discomfort to her. If you do not know which is the resident's affected side, ask the charge nurse.

19. Use proper body mechanics; lean over the resident and keep most of her weight in your center of gravity. Do not twist your spine as you lift the resident. Keep your back straight and continue to face the headboard.

22. The resident's body must be aligned after changing her position to prevent skin irritation, muscle strain, spinal twisting, and discomfort.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Positioning and Moving Residents
Task: Move a resident toward the head of the bed.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands	___	___	___
2.	Identifies resident	___	___	___
3.	Greets resident	___	___	___
4.	Explains task to resident	___	___	___
5.	Provides for resident's privacy	___	___	___
6.	Unties all restraints	___	___	___
7.	Puts bed in the flattest position resident can tolerate	___	___	___
8.	Raises the bed to working height	___	___	___
9.	Removes pillow from under resident's head	___	___	___
10.	Leans pillow against headboard	___	___	___
11.	Lowers side rail	___	___	___
12.	Stands next to the resident's affected side	___	___	___
13.	Asks resident to flex knees with feet flat against mattress	___	___	___
14.	Faces head of bed	___	___	___
15.	Bends knees, keeping back straight	___	___	___
16.	Places hand against resident's shoulder	___	___	___
17.	Grasps resident's upper arm	___	___	___
18.	Tells resident to grasp side rail	___	___	___
19.	Moves resident on count of three	___	___	___

	S	U	N/A
20. Replaces pillow	___	___	___
21. Reties any restraints	___	___	___
22. Checks to see that resident's body is properly aligned	___	___	___
23. Puts call light within resident's reach	___	___	___
24. Attends to resident's comfort and safety	___	___	___
25. Lowers bed	___	___	___
26. Thanks resident for cooperating	___	___	___
27. Washes hands	___	___	___

Comments: ____

____

Student's Signature: ____________________

Instructor's Signature: ____________________

Date: ____________________

Duty: Positioning and Moving Residents

Task: Move a dependent resident toward the head of the bed.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duty:
  Making beds for residents
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Adjust a gatch-frame bed

Performance Objective

Move a dependent resident toward the head of the bed. You must use appropriate body mechanics and move the resident in one continuous motion.

Key Terms

align
body mechanics
dependent resident
draw sheet
friction

Equipment and Supplies

draw sheet

Audiovisuals and Resources

Will, C. A. & Eighmy, J. B. (1983). Being a long-term care nursing assistant. Bowie, MD: Robert J. Brady.

SUGGESTED NOTES YOUR NOTES

Wood, L. A. (Ed.) *Nursing skills for allied health services* (Vol. 1). (n.d.). Philadelphia: *W. B. Saunders.*

Positioning to prevent complications (Filmstrip/cassette: No. 398). Garden Grove, CA: Trainex.

Moving the sick and injured (Filmstrip/cassette: No. 395). Garden Grove, CA: Trainex.

Performance Steps

1. Wash your hands.
2. Identify the resident.
3. Greet the resident.
4. Explain the task to the resident.
5. Provide for the resident's privacy.
6. Untie any restraints.

*7. Raise the bed to a comfortable working height, if possible.
*8. Place the bed in the flattest position the resident can tolerate.
9. Remove the pillow from under the resident's head.
10. Lean the pillow against the headboard.
*11. Ask another nursing assistant to help you.
12. Stand at one side of the resident.
13. Ask your partner to stand at the opposite side of the resident.
14. Lower the side rails.
15. Place the resident's arms at his sides or across his chest.
*16. Roll one side of the draw sheet up to the resident.
*17. Ask your partner to roll the opposite side of the draw sheet up to the resident.
*18. Grasp the sides of the rolled draw sheet.
19. Face the head of the bed.
*20. Bend your knees, keeping your back straight.
*21. Move the resident on a count of three.
22. Unroll the sides of the draw sheet.
23. Straighten the draw sheet.
24. Replace the pillow under the resident's head.
*25. Align the resident's body.
    a. Place the resident's head, shoulders, and hips in a straight line.
    b. Go to the foot of the bed and make sure the resident looks straight and comfortable. If not, readjust.
26. Retie any restraints.
27. Raise the side rails.
28. Thank your partner for his help.
29. Put the call light within the resident's reach.
*30. Attend to the resident's comfort and safety.
*31. Lower the bed.

SUGGESTED NOTES YOUR NOTES

32. Thank the resident for his cooperation.
33. Wash your hands.

***Key Points**

7. 8. & 31. Review the task: "Adjust a gatch-frame bed," if necessary.

11. Do not ask for help until you are ready to move the resident. Complete as much of the task as you can before asking for help so that your partner will spend as little time away from his own tasks as possible.

16. Use a draw sheet when moving a dependent resident to help prevent skin irritation resulting from friction between the resident's skin and the bedding. The draw sheet is placed on the bed when it is made; review the duty: "Making Beds for Residents," if necessary.

18. Draw sheets are usually tucked under the mattress. Pull the draw sheet out from under the mattress and replace it after you have moved the resident.

20. You and your partner must straighten your knees as you start to slide the resident and the draw sheet toward the head of the bed. You should shift your weight easily from one foot to the other as you move forward.

21. On a count of three you and your partner must move forward at the same time. The draw sheet must be held tightly so that the draw sheet and the resident move together.

25. The resident's body must be aligned after changing his position to prevent skin irritation, muscle strain, spinal twisting, and discomfort.

SUGGESTED NOTES YOUR NOTES

30. Some facilities use a schedule indicating what positions to use and when to turn the resident. This schedule is often posted at the head of the bed.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Positioning and Moving Residents
Task: Move a dependent resident toward the head of the bed.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Identifies resident			
3. Greets resident			
4. Explains task to resident			
5. Provides for resident's privacy			
6. Unties any restraints			
7. Raises bed to comfortable working height			
8. Places bed in the flattest position that resident can tolerate			
9. Removes pillow			
10. Leans pillow against headboard			
11. Asks another nursing assistant for help			
12. Stands at one side of the resident			
13. Asks partner to stand at the opposite side of the resident			
14. Lowers sides rails			
15. Places resident's arms at his sides or across his chest			
16. Rolls one side of draw sheet up to resident			
17. Asks partner to roll the opposite side of the draw sheet up to the resident			
18. Grasps rolled draw sheet			

	S	U	N/A
19. Faces headboard			
20. Bends knees, keeping back straight			
21. Moves resident on count of three			
22. Unrolls draw sheet			
23. Straightens draw sheet			
24. Replaces pillow under resident's head			
25. Aligns resident's body			
26. Reties any restraints			
27. Raises side rails			
28. Thanks partner			
29. Puts call light within resident's reach			
30. Attends to resident's comfort and safety			
31. Lowers bed			
32. Thanks resident for cooperating			
33. Washes hands			

Comments: ____

____

Student's Signature: ____________________________

Instructor's Signature: __________________________

Date: ____

Duty: Positioning and Moving Residents

Task: Move a resident into the supine position.

SUGGESTED NOTES YOUR NOTES

Prerequisites

- Ability to apply the information provided in:
  - Working with Residents of Long-Term Care Facilities
- Satisfactory demonstration of the following duty:
  - Administering Special Skin Care to Residents
- Satisfactory demonstration of the following tasks:
  - Wash hands using medical asepsis
  - Adjust a gatch-frame bed
  - Move a resident into the lateral and Sim's position

Performance Objective

Move the resident into the supine position. You must use appropriate body mechanics and align the resident's body.

Key Terms

- align
- body mechanics
- bony prominences and friction areas
- supine position

Equipment and Supplies

- lotion

SUGGESTED NOTES YOUR NOTES

Audiovisuals and Resources

Transparency:
Ways to Position a Resident

Wood, L. A. (Ed.). Nursing skills for allied health services (Vol. 1). (n.d.). Philadelphia: W. B. Saunders.

Moving and turning the patient (Filmstrip/cassette: No. 474). Garden Grove, CA: Trainex.

Position patient for comfort and safety (Filmstrip/cassette: No. 477). Garden Grove, CA: Trainex.

116

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
*3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.
*7. Adjust the bed to the flattest position the resident can tolerate.
*8. Raise the bed to a comfortable working height, if possible.
9. Untie any restraints.
10. Lower the side rail.
11. Fold the top bedding back to the resident's hips.
12. Remove all the pillows supporting the resident.
*13. Straighten and uncross the resident's legs, if necessary.
14. Stand at the middle of the bed, facing the resident.
15. Move the resident into the supine position.
    a. Place one palm flat against the resident's shoulders and place your other hand over the resident's hip.
    b. Roll the resident onto his back in one continuous motion by moving his hip toward you while supporting his shoulders.
*16. Check the resident's bony prominences and friction areas for redness and irritation.
*17. Align the resident's body.
    a. Place the resident's head, shoulders, and hips in a straight line.
    *b. Place his arms parallel to his body.
    c. Go to the foot of the bed and make sure the resident looks straight and comfortable. If not, readjust.
*18. Position the resident's feet and legs slightly apart.
*19. Place a pillow under the resident's head.
20. Replace the bed covers.
21. Lower the bed.
22. Raise the side rail.
23. Retie any restraints.

24. Put the call light within the resident's reach.
*25. Attend to the resident's comfort and safety.
26. Thank the resident for his cooperation.
27. Wash your hands.

***Key Points**

3. If the resident is a large person, you may want to ask another nursing assistant to help you.

7. & 8. Review the task: "Adjust a gatch-frame bed," if necessary.

13. This assumes that the resident is resting in the lateral and Sim's position. If not, move the resident into the lateral and Sim's position before continuing. Review the task: "Move a resident into the lateral and Sim's position," if necessary.

16. Review the duty: "Administering Special Skin Care to Residents," if necessary.

17. The resident's body must be aligned after changing his position to prevent skin irritation, muscle strain, spinal twisting and discomfort.

17b. The resident's arms should be placed slightly away from his chest to avoid skin-on-skin contact. Air must circulate freely to prevent perspiring, bacterial growth, and skin irritation.

18. The resident's legs should be placed slightly apart to prevent skin-on-skin contact. Air must circulate freely to prevent perspiring, bacterial growth, and skin irritation.

SUGGESTED NOTES	YOUR NOTES
19. The pillow should be placed so that it just touches the tip of the resident's shoulders. If it is placed underneath the resident's shoulders, it can cause pain and loss of function in his neck muscles.	
25. The dependent resident must be moved into a new position at least once every 2 hours to prevent redness and irritation of the skin. Some facilities use a schedule that is often posted at the head of the bed to indicate what positions to use and when to turn the resident.	

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Positioning and Moving Residents
Task: Move a resident into the supine position.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers equipment			
3. Identifies resident			
4. Greets resident			
5. Explains task to resident			
6. Provides for resident's privacy			
7. Places bed in the flattest position resident can tolerate			
8. Raises bed to working height			
9. Unties any restraints			
10. Lowers side rail			
11. Folds covers back to hips			
12. Removes supporting pillows			
13. Straightens and uncrosses resident's legs			
14. Stands at middle of bed, facing resident			
15. Moves resident into the supine position			
16. Checks resident's bony prominences and friction areas			
17. Aligns resident's body			
18. Positions feet and legs slightly apart			

	S	U	N/A
19. Places pillow under resident's head			
20. Replaces bed covers			
21. Lowers bed			
22. Raises side rail			
23. Reties any restraints			
24. Puts call light within resident's reach			
25. Attends to resident's comfort and safety			
26. Thanks resident for cooperating			
27. Washes hands			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Positioning and Moving Residents

Task: Move a resident into the lateral and Sim's position.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following duties:
- Administering Special Skin Care to Residents

Satisfactory demonstration of the following tasks:
- Wash hands using medical asepsis
- Adjust a gatch-frame bed
- Move a resident into the supine position

Performance Objective

Move the resident into the lateral and Sim's position. You must use appropriate body mechanics and align the resident's body.

Key Terms

align
lateral position
bony prominences and friction areas
Sim's position

Equipment and Supplies

blanket
pillows
towels

Audiovisuals and Resources

Transparency:
Ways to Position a Resident

Moving and Turning the Patient (Filmstrip/cassette: No. 474). Garden Grove, CA: Trainex.

Positioning patient for comfort and safety (Filmstrip/cassette: No. 477). Garden Grove, CA: Trainex.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Place the bed in the flattest position the resident can tolerate.

*8. Raise the bed to a comfortable working height, if possible.

9. Untie any restraints.
10. Lower the side rail.
11. Remove any pillows supporting the resident.

*12. Move the resident toward the side of the bed closest to you.
   a. Place your hands under the resident's knees and ankles and slide his legs over.
   b. Place your hands under the resident's buttocks and lower back and slide them over.
   c. Place your hands under the resident's shoulders and neck and slide them over.

*13. Roll the resident onto his side, facing away from you.
   a. Place the resident's leg that is closest to you across his other leg.
   b. Place the resident's arm that is closest to you across his chest.
   c. Put your hand under the resident's shoulder that is closest to you.
   d. Put your other hand under the resident's hip that is closest to you.
   e. Use both hands to roll the resident's body away from you.
   *f. Put your hands under the resident's hip and shoulder that are now touching the mattress and pull the resident toward you.

SUGGESTED NOTES YOUR NOTES

*14. Check the resident's bony prominences and friction areas for redness and irritation.
15. Adjust the resident's arms.
    *a. Place the resident's arm that is touching the mattress slightly in front of his body.
    b. Rest the resident's other arm on his body and hip or flex it across a pillow in front of his body.
*16. Align the resident's body.
    a. Place the resident's head, shoulders, and hips in a straight line.
    b. Go to the foot of the bed and make sure the resident looks straight and comfortable. If not, readjust.
17. Adjust the resident's legs into the lateral position.
    a. Place the resident's legs on top of each other.
    b. Separate the resident's legs with a pillow or folded blanket.
    c. Bend the resident's knees slightly.
18. Adjust the resident's legs into the Sim's position.
    a. Flex the resident's upper leg.
    *b. Place a pillow or folded blanket between the resident's legs.
19. Raise the side rail.
20. Retie any restraints.
21. Lower the bed.
22. Put the call light within the resident's reach.
*23. Attend to the resident's comfort and safety.
24. Thank the resident for his cooperation.
25. Wash your hands.

***Key Points**

7. & 8. Review the task: "Adjust a gatch-frame bed," if necessary.

12. If the resident is a large or dependent person, you may want to ask another nursing assistant to help you.

13. Turning the resident away from you requires less effort. This assumes that the resident is in the supine position. If not, move him into that position. Review the task: "Move a resident into the supine position," if necessary.

13f. This will stabilize the resident.

14. Review the duty: "Administering Special Skin Care to Residents," if necessary.

15a. Do not allow the resident to lie on his arm. This will cut off his circulation.

16. Aligning the resident's body is necessary to prevent pressure areas, muscle strain, spine twisting, and discomfort. Prop a pillow behind the resident's back and hips for additional comfort and support. Tilt the resident slightly until he rests against the pillow. The tilt position is recommended because it removes direct pressure from the resident's bottom leg and hips and helps prevent bedsores.

18b. Place the pillow so that it provides support from the knee to the foot.

23. It is important to turn the resident every two hours or more often as needed to prevent redness and irritation of the skin. Some facilities use a schedule that is often posted at the head of the bed indicating each position to be used and when to turn the resident.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Positioning and Moving Residents
Task: Move a resident into the lateral and Sim's position.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands			
2.	Gathers equipment			
3.	Identifies resident			
4.	Greets resident			
5.	Explains task to resident			
6.	Provides for resident's privacy			
7.	Places bed in flattest position resident can tolerate			
8.	Raises bed to working height			
9.	Unties any restraints			
10.	Lowers side rail			
11.	Removes any supporting pillows			
12.	Moves resident to side of bed			
13.	Rolls resident onto his side			
14.	Checks resident's bony prominences and friction areas			
15.	Adjusts resident's arms			
16.	Aligns resident's body			
17.	Adjusts resident's legs into the lateral position			

	S	U	N/A
18. Adjusts resident's legs into the Sim's position			
19. Raises side rail			
20. Reties any restraints			
21. Lowers the bed			
22. Puts call light within resident's reach			
23. Attends to resident's comfort and safety			
24. Thanks resident for cooperating			
25. Washes hands			

Comments: ____

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Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Positioning and Moving Residents

Task: Move a resident into the prone position.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following duty:
- Administering Special Skin Care to Residents

Satisfactory demonstration of the following tasks:
- Wash hands using medical asepsis
- Adjust a gatch-frame bed
- Move a resident into the lateral and Sim's position
- Place anti-decubitus pads under a resident

Performance Objective

Move the resident into the prone position. You must use appropriate body mechanics and align the resident's body.

Key Terms

align
body mechanics
bony prominences and friction areas
prone

Equipment and Supplies

blankets
pillows
towels

SUGGESTED NOTES	YOUR NOTES

Audiovisuals and Resources

Transparency:
Ways to Position a Resident

Moving and turning the patient (Filmstrip/cassette: No. 474). Garden Grove, CA: Trainex.

Position patient for comfort and safety (Filmstrip/cassette: No. 477). Garden Grove, CA: Trainex.

SUGGESTED NOTES	YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Place the bed in the flattest position the resident can tolerate.

*8. Raise the bed to a comfortable working height, if possible.

9. Untie any restraints.
10. Lower the side rail.
11. Fold the top bedding back to the resident's hips.
12. Remove all pillows supporting the resident.

*13. Roll the resident into the lateral position facing away from you.

14. Move the resident toward you.
    a. Place your hands under the resident's knees and ankles and slide her legs toward you.
    b. Place your hands and arms under the resident's buttocks and lower back and slide them toward you.
    c. Place your hands and arms under the resident's shoulders and neck and slide them toward you.

*15. Check the resident's bony prominences and friction areas.

16. Move the resident into the prone position.
    a. Place your hand under the resident's shoulder that is touching the mattress.
    b. Place your other hand under the resident's hip that is touching the mattress.
    *c. Roll the resident away from you and onto her stomach using one smooth motion.
    d. Move the resident's arm from under her body and position it parallel to her body with the palm open.
    e. Turn the resident's head to one side.

SUGGESTED NOTES YOUR NOTES

*17. Align the resident's body.
    a. Place the resident's head, shoulders, and hips in a straight line.
    *b. The resident's arms should be bent slightly at the elbow.
    c. Go to the foot of the bed and make sure the resident looks straight and comfortable. If not, readjust.
*18. Position the resident's feet and legs slightly apart.
19. Place a rolled bath blanket or pillow under both ankles to keep her toes off the mattress.
*20. Support the resident's bony prominences.
    a. Place a bath blanket under the lower abdomen.
    b. Place a pillow below the breasts of a female patient.
21. Replace the bed covers.
22. Raise the side rail.
23. Retie any restraints.
24. Lower the bed.
25. Put the call light within the resident's reach.
*26. Attend to the resident's comfort and safety.
27. Thank the resident for her cooperation.
28. Wash your hands.

***Key Points**

7. & Review the task: "Adjust a gatch-frame bed," if
8. necessary.

13. It is easier for you to move the resident away from you rather than toward you. Review the task: "Move a resident into the lateral and Sim's position," if necessary.

15. Review the duty: "Administering Special Skin Care to Residents," if necessary.

16c. As you roll the resident away from you, move your hand from under her hip to her shoulder. This will help in rolling the resident gently and smoothly onto her stomach.

SUGGESTED NOTES YOUR NOTES

17. The resident's body must be aligned after changing her position to prevent skin irriation, muscle strain, spine twisting, and discomfort.

17b. The resident's arms should be placed slightly away from her chest to avoid skin-on-skin contact. Air must circulate freely to prevent perspiring, bacterial growth, and skin irritation.

18. The resident's legs should be placed slightly apart to avoid skin-on-skin contact. Air must circulate freely to prevent perspiring, bacterial growth, and skin irritation.

20. Pillows cushion the bony prominences and help to prevent decubitus ulcers. Review the task: "Place anti-decubitus pads under a resident," if necessary.

26. Check the resident every 30 minutes and turn her every 2 hours to prevent redness and irritation of the skin. Some facilities use a turn schedule that is posted at the head of the bed indicating what positions to use and when to turn the resident.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Positioning and Moving a Resident
Task: Move a resident into the prone position.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers equipment			
3. Identifies resident			
4. Greets resident			
5. Explains task to resident			
6. Provides for resident's privacy			
7. Places bed in the flattest position resident can tolerate			
8. Raises bed to working height			
9. Unties any restraints			
10. Lowers side rail			
11. Folds covers back to hips			
12. Removes supporting pillows			
13. Rolls resident onto her side			
14. Moves resident to side of bed			
15. Checks the resident's bony prominences and friction areas			
16. Moves resident into the prone position			
17. Aligns resident's body			
18. Positions resident's feet and legs slightly apart			

	S	U	N/A
19. Puts rolled bath blanket or pillow under ankles			
20. Supports resident's bony prominences			
21. Replaces bed covers			
22. Raises side rail			
23. Reties any restraints			
24. Lowers bed			
25. Puts call light within resident's reach			
26. Attends to resident's comfort and safety			
27. Thanks resident for cooperating			
28. Washes hands			

Comments: ____

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Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Positioning and Moving Residents

Task: Move a resident into the Fowler's position.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Adjust a gatch-frame bed
  Move a resident into the supine position
  Move a resident toward the head of the bed

Performance Objective

Move the resident into the Fowler's position. You must use appropriate body mechanics and align the resident's body. The head of the resident's bed must be left at a 45-degree angle.

Key Terms

align
Fowler's position
semi-Fowler's position
supine position

Equipment and Supplies

Audiovisuals and Resources

Transparency:
  Ways to Position a Resident

Moving and turning the patient (Filmstrip/cassette: No. 474). Garden Grove, CA: Trainex.

Positioning patient for comfort and safety (Filmstrip/cassette: No. 477). Garden Grove, CA: Trainex.

Performance Steps

1. Wash your hands.
2. Identify the resident.
3. Greet the resident.
4. Explain the task to the resident.
5. Provide for the resident's privacy.
6. Untie any restraints.
7. Lower the side rail.

*8. Lower the head of the bed.

*9. Move the resident into the supine position, if necessary.

*10. Move the resident toward the head of the bed.

*11. Move the resident into the Fowler's position by raising the head of the bed to a 45-degree angle.

12. Raise the side rail.
13. Retie any restraints.
14. Put the call light within the resident's reach.
15. Attend to the resident's comfort and safety.
16. Thank the resident for her cooperation.
17. Wash your hands.

***Key Points**

8. Review the task: "Adjust a gatch-frame bed," if necessary.

9. Review the task: "Move a resident into the supine position," if necessary.

10. Review the task: "Move a resident toward the head of the bed," if necessary.

11. Review the task: "Adjust a gatch-frame bed," if necessary. Some residents may be more comfortable in the semi-Fowler's position. For this position, adjust the foot of the bed to bend the resident's knees to an angle of about 15 degrees. This position reduces strain on the resident's leg muscles and helps prevent her from sliding down in the bed.

SUGGESTED NOTES	YOUR NOTES
Student Activity/Assignment 1. Review the definitions of key terms. 2. Practice this task. Work with a partner whenever possible 3. Complete the performance checklist with your instructor.	

Performance Checklist

Duty: Positioning and Moving Residents
Task: Move a resident into the Fowler's position.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Identifies resident			
3. Greets resident			
4. Explains task to resident			
5. Provides for resident's privacy			
6. Unties any restraints			
7. Lowers side rail			
8. Lowers head of bed			
9. Places resident in supine position			
10. Moves resident toward the head of the bed			
11. Raises head of bed 45 degrees			
12. Raises side rail			
13. Reties any restraints			
14. Puts call light within resident's reach			
15. Attends to resident's comfort and safety			

	S	U	N/A
16. Thanks resident for cooperating			
17. Washes hands			

Comments: ____

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Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Introduction

Ambulating and Transferring Residents

Nursing assistants often transfer residents from one place to another during the course of the day. If you are unable to move the resident on your own, ask for help, but remember to wait until you have completed as much of the task as you can on your own before you ask someone to help you so that your partner will spend as little time away from his or her own tasks as possible. When you and your partner are about to move a resident, one of you should count out loud to three so that both of you lift the resident at the same time and distribute his weight evenly.

To assist in moving bedridden residents, a lift or turn sheet may be used. This is a folded draw sheet placed under the resident that extends from his shoulders to his knees. The turn sheet makes it easier for you to move the resident and reduces the friction between the sheet and the resident's skin.

Residents can also be moved through the use of a gait belt. This is a belt that is placed around the resident's waist that will help you to transfer a resident from the bed to a chair or vice versa. This is a useful piece of equipment, but it is not available at all facilities.

Whenever you transfer a resident from one place to another, remember to use good body mechanics and ask for help when you need it.

Duty: Ambulating and Transferring Residents

Definitions of Key Terms

walker—A device used by residents to support themselves while walking.

wheelchair—A chair mounted on wheels that is used by residents to move from place to place.

Duty: Ambulating and Transferring Residents

List of Equipment and Supplies

chair
geri-chair
lap robe
pillow
seat padding
stool
walker
wheelchair

Duty: Ambulating and Transferring Residents

Task: Assist a resident to sit on the side of the bed

SUGGESTED NOTES YOUR NOTES

Prerequisite Skills

Ability to apply the information provided in:

- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following tasks:

- Wash hands using medical asepsis
- Adjust a gatch-frame bed
- Drape a resident with a bath blanket or sheet
- Make an unoccupied bed
- Move a resident into the supine position
- Move a resident into the Fowler's position

Performance Objective

Help a resident sit on the side of the bed. Use proper body mechanics. The resident must be supported and must sit up straight. The resident's feet must be resting on the floor or on a stool.

Key Terms

alignment
body mechanics

Equipment and Supplies

pillow or towel
stool

Audiovisuals and Resources

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
*2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.
7. Lower the side rail.
*8. Move the resident into the supine postion.
*9. Move the resident into the Fowler's position.
*10. Drape the resident with a bath blanket or sheet.
*11. Fanfold the top bedding.
12. Help the resident sit on the side of the bed.
    a. Reach one of your arms under the resident's arms and upper body to support her back.
    b. Place your other arm under the resident's knees.
    c. Pivot the resident's body so that her legs hang over the edge of the bed.
    d. Place a stool under the resident's feet if her feet are not resting on the floor.
13. Roll a pillow or towel.
14. Tuck the pillow or towel firmly against the resident's lower back for support.
15. Keep one arm around the resident's shoulders if she needs support.
*16. Support the resident for 10 - 15 seconds until she regains her balance.
17. Put the call light within the resident's reach.
18. Attend to the resident's comfort and safety.
19. Thank the resident for her cooperation.
20. Store the bath blanket.
21. Wash your hands.
22. Report anything unusual to the charge nurse.

SUGGESTED NOTES YOUR NOTES

***Key Points**

2. Have a stool ready to support the resident's feet, if necessary.

8. Review the task: "Move a resident into the supine position", if necessary.

9. Review the tasks: "Move a resident into the Fowler's position" and "Adjust a gatch-frame bed," if necessary.

10. Review the task: "Drape a resident with a bath blanket or sheet," if necessary.

11. For instructions on fanfolding, review the task: "Make an unoccupied bed."

16. Encourage the resident not to lean against you, to sit up straight, and to breathe deeply.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Ambulating and Transferring Residents
Task: Assist a resident to sit on the side of the bed

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers equipment			
3. Identifies resident			
4. Greets resident			
5. Explains task to resident			
6. Provides for resident's privacy			
7. Lowers side rail			
8. Moves resident into the supine position			
9. Moves resident into the Fowler's position			
10. Drapes resident			
11. Fanfolds top bedding			
12. Helps resident sit on side of bed			
13. Rolls pillow or towel			
14. Tucks pillow or towel against resident's back			
15. Keeps one arm around resident for support			
16. Supports resident for 10 - 15 seconds			
17. Puts call light within resident's reach			

	S	U	N/A
18. Attends to resident's comfort and safety			
19. Thanks resident for cooperating			
20. Stores bath blanket			
21. Washes hands			
22. Reports anything unusual to charge nurse			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Ambulating and Transferring Residents

Task: Move a resident from the bed into a chair and back.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duty:
  Dressing and Undressing Residents
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Assist a resident to sit on the side of the bed
  Move a resident into the Fowler's position
  Adjust a gatch-frame bed

Performance Objective

Help a resident move from his bed into a chair and back to his bed. You must use appropriate body mechanics and align the resident's head, neck, and spine after seating him in the chair and after helping him back into bed.

Key Terms

align
ambulate
base of support
body mechanics
pivot

Equipment and Supplies

lap robe
seat padding
stationary chair or wheelchair

Audiovisuals and Resources

SUGGESTED NOTES	YOUR NOTES

Performance Steps

1. Wash your hands.
2. Get a stationary chair or wheelchair and seat padding.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.
7. Put the chair beside the head of the bed facing towards the resident's feet.
8. Put the seat padding in the chair.

*9. Lower the bed.

10. Lower the side rail.

*11. Help the resident sit on the side of the bed.

*12. Help the resident dress.

13. Help the resident to stand.
    a. Stand in front of the resident.
    b. Hold the back of the resident's arms above his elbows.
    *c. Ask the resident to rest his hands on your upper arms.
    *d. Brace yourself and gently pull the resident toward you as he stands.
14. Support the resident for 10-15 seconds until he regains his balance.
15. Pivot the resident to the front of the chair.

*16. Lower the resident into the chair.

*17. Align the resident's head, neck, and spine.

*18. Fasten the chair restraint.

19. Put a lap robe over the resident's legs if he desires you to do so.
20. Put the call light within the resident's reach.
21. Attend to the resident's comfort and safety.
22. Straighten the bed covers.
23. Thank the resident for his cooperation.

*24. Tell the resident to use the call light to signal you when he is ready to return to bed.

25. Wash your hands.
26. Respond to the resident's call light or verbal request.
27. Wash your hands.
28. Repeat steps 3-6.

*29. Fanfold the top bedding.

SUGGESTED NOTES	YOUR NOTES

30. Remove the resident's lap robe, if necessary.
31. Unfasten the chair restraint.
32. Repeat steps 13 and 14.
33. Pivot the resident to the side of the bed.
34. Lower the resident onto the bed.
*35. Undress the resident.
36. Help the resident lift his legs onto the mattress.
    a. Put one arm around the resident's shoulders to support them.
    b. Put your other arm under the resident's knees.
37. Move the resident into the position he prefers or into the position specified by the turn schedule.
38. Cover the resident with the top bedding.
39. Raise the side rail.
40. Put the call light within the resident's reach.
41. Attend to the resident's comfort and safety.
42. Thank the resident for his cooperation.
43. Store the chair and seat padding.
44. Wash your hands.
45. Report anything unusual to the charge nurse.

*Key Points

9. Review the task: "Adjust a gatch-frame bed," if necessary.

11. Review the task: "Assist a resident to sit on the side of the bed," if necessary.

12. & 35. Review the duty: "Dressing and Undressing Residents," if necessary.

13c. Do not let the resident wrap his arms around your neck as you help him to stand because this can injure you.

SUGGESTED NOTES YOUR NOTES

13d. Brace yourself by standing with your feet about as far apart as your shoulders and with one foot behind the other. This will create a firm base of support when you pull the resident toward you.

16. Keep your back straight and bend your knees as you lower the resident into the seat of the chair.

17. Aligning the resident's head, neck, and spine is necessary to prevent muscle strain, spinal twisting and general discomfort.

The resident's back should be resting against the back of the chair. Place the resident's feet on the foot rests or on the floor and his hands in his lap.

18. The chair restraint is used to keep the resident from falling out of the chair and to help sit up straight.

24. Check the resident at least once every hour while he is sitting in the chair.

29. For instructions on fanfolding, review the task: "Make an unoccupied bed."

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Ambulating and Transferring Residents
Task: Move a resident from the bed to a chair and back.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands			
2.	Gets a stationary chair or wheelchair and seat padding			
3.	Identifies resident			
4.	Greets resident			
5.	Explains task to resident			
6.	Provides for resident's privacy			
7.	Puts chair beside head of bed			
8.	Puts seat padding in chair			
9.	Lowers bed			
10.	Lowers side rail			
11.	Helps resident sit on side of bed			
12.	Helps resident dress			
13.	Helps resident stand			
14.	Supports resident 10-15 seconds			
15.	Pivots resident toward chair			
16.	Lowers resident into chair			
17.	Aligns resident's head, neck, and spine			
18.	Fastens chair restraint			

		S	U	N/A
19.	Puts lap robe over resident's legs			
20.	Puts call light within resident's reach			
21.	Attends to resident's comfort and safety			
22.	Straightens the bedcovers			
23.	Thanks resident for cooperating			
24.	Tells resident to signal when he is ready to return to bed			
25.	Washes hands			
26.	Responds to resident's call light or verbal request			
27.	Washes hands			
28.	Repeats steps 3-6			
29.	Fanfolds the top bedding			
30.	Removes the lap robe			
31.	Unfastens chair restraint			
32.	Repeats steps 13 and 14			
33.	Pivots resident to side of bed			
34.	Lowers resident onto the bed			
35.	Undresses resident			
36.	Helps resident lift his legs onto bed			
37.	Places resident into position he prefers or position specified on turn schedule			
38.	Covers resident with top bedding			
39.	Raises side rail			
40.	Puts call light within resident's reach			
41.	Attends to resident's comfort and safety			

	S	U	N/A
42. Thanks resident for cooperating			
43. Stores chair and seat padding			
44. Washes hands			
45. Reports anything unusual to charge nurse			

Comments: ____

____

Student's Signature: ____________________________

Instructor's Signature: ____________________________

Date: ____________________________

Duty: Ambulating and Transferring Residents

Task: Help a resident into a wheelchair or geriatric chair.

SUGGESTED NOTES	YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  - Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following duty:
  - Dressing and Undressing Residents

Satisfactory demonstration of the following tasks:
  - Wash hands using medical asepsis
  - Assist a resident to sit on the side of the bed
  - Move a resident from the bed into a chair and back
  - Adjust a gatch-frame bed

Performance Objective

Move a resident from a bed into a wheelchair. Use proper body mechanics and align the resident's head, neck, and spine.

Key Terms

affected side
ambulate
base of support
pivot

Equipment and Supplies

lap robe
seat padding
wheelchair or geriatric chair

Audiovisuals and Resources

Transparency:
  - Parts of a Wheelchair

SUGGESTED NOTES YOUR NOTES

Performance Steps

*1. Get a wheelchair or geriatric chair and seat padding.
2. Make sure the chair is working properly.
    a. Check that the brakes are functioning.
    b. Check that the wheels are not worn out and that they turn easily.
    c. Check that the chair has footrests.
3. Place the padding in the seat of the wheelchair.
4. Wash your hands.
5. Identify the resident.
6. Greet the resident.
7. Explain the task to the resident.
8. Provide for the resident's privacy.
*9. Position the wheelchair.
    a. If the resident is in bed, angle the chair towards the side of the bed.
    b. If the resident is sitting in a stationary chair, place the wheelchair so that it is facing the stationary chair.
10. Lock the brakes of the chair.
*11. Raise the footrests of the chair.
*12. Lower the bed or put it in its flattest position.
13. Lower the side rail.
*14. Help the resident sit on the side of the bed.
*15. Help the resident dress.
16. Help the resident stand.
    a. Stand in front of the resident.
    b. Hold the backs of the resident's arms above his elbows.
    *c. Ask the resident to rest his hands on your upper arms.
    *d. Brace yourself and gently pull the resident toward you as he stands.
17. Support the resident for 10 - 15 seconds until he regains his balance.
18. Pivot the resident toward the seat of the wheelchair chair.
*19. Lower the resident into the wheelchair.

SUGGESTED NOTES YOUR NOTES

20. Place the resident's hands in his lap or on the armrests of the wheelchair.
21. Lower the footrests of the wheelchair.
22. Position the resident's feet on the footrests of the wheelchair.
*23. Fasten the chair restraint.
24. Cover the resident with a lap robe if he desires you to do so.
25. Release the brakes of the wheelchair.
26. Put the call light within the resident's reach.
27. Attend to the resident's comfort and safety.
28. Thank the resident for his cooperation.
29. Wash your hands.
30. Report anything unusual to the charge nurse.

***Key Points**

9. Place the chair opposite the resident's affected side. This will make the task less painful for the resident and easier for you.

11. If you are working with a geriatric chair, you must remove the tray. If you need further instructions, ask the charge nurse.

12. Review the task: "Adjust a gatch-frame bed," if necessary.

14. Review the task: "Assist a resident to sit on the side of the bed," if necessary.

15. Review the duty: "Dressing and Undressing Residents."

16c. Do not allow the resident to wrap his arms around your neck when you help him stand because this can injure you.

SUGGESTED NOTES YOUR NOTES

16d. Brace yourself by standing with your feet about as far apart as your shoulders and with one foot behind the other. This will create a firm base of support when you pull the resident toward you.

19. Keep your back straight and bend your knees as you lower the resident into the wheelchair. Ask the resident to grasp the armrests of the wheelchair in order to support himself as you lower him into the wheelchair seat.

23. Fastening the chair restraint prevents the resident from falling out of the chair.

    If you have moved the resident into a geriatric chair, replace the tray. If you need further instructions, ask the charge nurse.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Ambulating and Transferring Residents
Task: Help a resident into a wheelchair or geriatric chair.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory   U = Unsatisfactory   N/A = Not Applicable

	S	U	N/A
1. Gets wheelchair or geriatric chair and seat padding			
2. Checks that wheelchair is working properly			
3. Places padding in seat of chair			
4. Washes hands			
5. Identifies resident			
6. Greets resident			
7. Explains task to resident			
8. Provides for resident's privacy			
9. Positions wheelchair			
10. Locks brakes			
11. Raises footrests			
12. Adjusts bed			
13. Lowers side rail			
14. Helps resident sit on side of bed			
15. Helps resident dress			
16. Helps resident stand			
17. Supports resident 10 - 15 seconds			

		S	U	N/A
18.	Pivots resident toward seat of wheelchair			
19.	Lowers resident into wheelchair			
20.	Places resident's hands in his lap			
21.	Lowers footrests of wheelchair			
22.	Positions resident's feet on footrests			
23.	Fastens chair restraint			
24.	Covers resident's legs with lap robe			
25.	Releases brakes			
26.	Puts call light within resident's reach			
27.	Attends to resident's comfort and safety			
28.	Thanks resident for cooperating			
29.	Washes hands			
30.	Reports anything unusual to charge nurse			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Ambulating and Transferring Residents

Task: Transport a resident using a wheelchair.

SUGGESTED NOTES	YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following tasks:
- Wash hands using medical asepsis
- Help a resident into a wheelchair or geriatric chair

Performance Objective

Transport the resident in a wheelchair.

Key Terms

wheelchair

Equipment and Supplies

wheelchair

Audiovisuals and Resources

The use of wheelchairs (Filmstrip/cassette: No. 653). Garden Grove, CA: Trainex.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Get a wheelchair.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Help the resident into the wheelchair.

8. Rearrange any furniture that is blocking the wheelchair.

*9. Prepare to move the wheelchair.
   a. Unlock the breaks.
   b. Make sure the resident's feet are on the footrests.
   c. If a urinary drainage bag is present, make sure it is properly secured.
   d. Make sure that the resident's lap robe and other personal articles will not get caught in or fall out of the wheelchair.

10. Push the wheelchair around a corner.
    a. To turn to the right, push on the left handle of the wheelchair.
    b. To turn to the left, push on the right handle of the wheelchair.
11. Push the wheelchair up to an open door and through the doorway.
    a. Check for cross traffic.
    b. Proceed through the doorway.
12. Push the wheelchair up to a closed door, open the door, and pull the wheelchair through the open doorway.
    a. Pivot the wheelchair so that your back is toward the door.
    b. Push the door open with your back.
    c. Stand between the open door and the wheelchair.
    d. Pull the wheelchair through the doorway.
    e. Pivot the wheelchair in the direction in which you want to go.
13. Take the resident to his destination.
14. Attend to the resident's comfort and safety.
15. Thank the resident for his cooperation.
16. Wash your hands.
17. Report anything unusual to the charge nurse.

SUGGESTED NOTES YOUR NOTES

***Key Points**

7. Review the task: "Help a resident into a wheelchair or geriatric chair," if necessary.

9. Never park a wheelchair in a doorway or in an area where there is heavy traffic.

   To move the wheelchair over bumps on the floor, put your foot on the bottom rail and raise the wheels slightly until they clear the bump.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Ambulating and Transferring Residents
Task: Transport a resident using a wheelchair.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands	___	___	___
2.	Obtains a wheelchair	___	___	___
3.	Identifies resident	___	___	___
4.	Greets resident	___	___	___
5.	Explains task to resident	___	___	___
6.	Provides for resident's privacy	___	___	___
7.	Helps resident into wheelchair	___	___	___
8.	Rearranges any furniture blocking the wheelchair	___	___	___
9.	Prepares to move wheelchair	___	___	___
10.	Pushes the wheelchair around a corner	___	___	___
11.	Pushes wheelchair up to an open door and through doorway	___	___	___
12.	Pushes wheelchair up to a closed door, opens door, and pulls wheelchair through doorway	___	___	___
13.	Takes the resident to his destination	___	___	___
14.	Attends to resident's comfort and safety	___	___	___
15.	Thanks resident for cooperating	___	___	___

	S	U	N/A
16. Washes hands	___	___	___
17. Reports anything unusual to charge nurse	___	___	___

Comments:____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Ambulating and Transferring Residents

Task: Help a resident walk.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duty:
  Dressing and Undressing Residents
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Assist a resident to sit on the side of the bed
  Adjust a gatch-frame bed

Performance Objective

Help a resident walk. You must use proper body mechanics and move at the resident's pace.

Key Terms

ambulate
body mechanics
posture

Equipment and Supplies

Audiovisuals and Resources

Performance Steps

1. Verify with the charge nurse how far the resident can comfortably walk.
2. Wash your hands.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Lower the bed or adjust it to its flattest position.

8. Lower the side rail.

*9. Help the resident sit on the side of the bed.

*10. Help the resident dress.

*11. Ask another nursing assistant for help if the resident needs support on both sides in order to walk. 12. Help the resident stand.
   a. Stand in front of the resident.
   b. Hold the backs of the resident's arms above his elbow.
   *c. Ask the resident to rest his hands on your upper arms.
   *d. Brace yourself and gently pull the resident toward you as he stands.

*13. Support the resident for 10-15 seconds until he regains his balance.

14. Ask the resident if he is ready to begin walking. If not, wait several moments before you proceed.

*15. Help the resident walk to his destination.

*16. Check the posture of the resident.

17. Talk with the resident as you walk.

SUGGESTED NOTES	YOUR NOTES

18. Attend to the resident's comfort and safety.
19. Thank the resident for his cooperation.
20. Wash your hands.
21. Record on the resident's Daily Care Sheet how far he walked.
22. Report anything unusual to the charge nurse.

***Key Points**

7. Review the task: "Adjust a gatch-frame bed," if necessary.

9. Review the task: "Assist a resident to sit on the side of the bed," if necessary.

10. Review the duty: "Dressing and Undressing Residents," if necessary. Encourage the resident to wear hard-soled shoes instead of slippers when walking. These provide more support than slippers and will help prevent him from slipping.

11. One nursing assistant should walk on each side of the resident. Both nursing assistants should steady the resident by supporting his arms beneath the elbows.

    If the resident needs less support, hold his hand and place your other arm around his waist.

    If the resident needs little support, let the resident hold onto your elbow or hand.

SUGGESTED NOTES YOUR NOTES

12c. Do not allow the resident to wrap his arms around your neck when you pull him into a standing position because this can injure you.

12d. Brace yourself by standing with your feet about as far apart as your shoulders and with one foot behind the other. This will create a firm base of support when you pull the resident toward you.

15. If the resident should begin to fall, do not try to hold him up. If you try to stop his fall, you can injure the resident and yourself. Instead, lean your body against the resident and guide him to the ground. If you are properly supporting the resident, you and he will move toward the floor at the same time. Make sure you use proper body mechanics so that you don't injure your back.

Encourage the resident to take small steps and to pick up his feet as he walks instead of shuffling them. Adjust your pace to the resident's and encourage him to use the side railing in the hallways for balance instead of leaning on you. If the resident returns to his room, put the call light within his reach.

16. Encourage the resident to walk with his back straight and to hold his head up. This will help stretch his muscles.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Ambulating and Transferring Residents
Task: Help a resident walk.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Verifies how far resident can walk	___	___	___
2. Washes hands	___	___	___
3. Identifies resident	___	___	___
4. Greets resident	___	___	___
5. Explains task to resident	___	___	___
6. Provides for resident's privacy	___	___	___
7. Lowers bed or adjusts it to its flattest position	___	___	___
8. Lowers side rail	___	___	___
9. Helps resident sit on side of bed	___	___	___
10. Helps resident dress	___	___	___
11. Asks another nursing assistant for help	___	___	___
12. Helps resident stand	___	___	___
13. Supports resident until he regains his balance	___	___	___
14. Asks resident if ready to walk	___	___	___
15. Helps resident walk	___	___	___
16. Checks resident's posture	___	___	___
17. Talks to resident while walking	___	___	___

	S	U	N/A
18. Attends to resident's comfort and safety			
19. Thanks resident for cooperating			
20. Washes hands			
21. Records how far resident walked			
22. Reports anything unusual to charge nurse			

Comments: ____

____

Student's Signature: ____________________________

Instructor's Signature: ____________________________

Date: ____________________________

Duty: Ambulating and Transferring Residents

Task: Assist a resident to use a walker.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duty:
  Dressing and Undressing Residents
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Assist a resident to sit on the side of the bed
  Help a resident walk
  Adjust a gatch-frame bed

Performance Objective

Help a resident use a walker. You must use proper body mechanics and move at the resident's pace.

Key Terms

ambulate
posture
walker

Equipment and Supplies

walker

Audiovisuals and Resources

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Verify with the charge nurse how far the resident can safely walk.
2. Wash your hands.
3. Obtain a walker.
4. Identify the resident.
5. Greet the resident.
6. Explain the task to the resident.
7. Provide for the resident's privacy.

*8. Lower the bed.

9. Lower the side rail.

*10. Help the resident sit on the side of the bed.

*11. Help the resident dress.

12. Position the walker with the open end facing the resident.
13. Help the resident stand.
    a. Stand to one side of the walker, brace it with your foot, and face the resident.
    b. Put one of your hands on the top of the frame.
    c. Ask the resident to reach forward with both hands and grasp the top of the walker.
    d. Place your free hand under one of the resident's arms above the elbow and gently pull her toward you as she pulls herself into a standing position.
14. Support the resident for 10-15 seconds until she regains her balance.

*15. Help the resident walk to her destination.
    *a. Check the resident's posture.
    *b. Talk to the resident as you walk.

16. Attend to the resident's comfort and safety.
17. Thank the resident for her cooperation.
18. Wash your hands.
19. Record on the resident's Daily Care Sheet how far she walked.
20. Report anything unusual to the charge nurse.

SUGGESTED NOTES YOUR NOTES

***Key Points**

8. Review the task: "Adjust a gatch-frame bed," if necessary.

10. Review the task: "Assist a resident to sit on the side of the bed," if necessary.

11. Review the Duty: "Dressing and Undressing Residents", if necessary. Encourage the resident to wear hard-soled shoes instead of slippers when walking. These provide more support and will help prevent her from slipping.

15. Walk beside the resident, not the walker. Make sure the resident is using the walker for support and is not carrying it as she walks. Encourage the resident to take small steps and to pick up her feet as she walks instead of shuffling them. Make sure the resident does not move the walker too far in front of her to use it for support.

    If the resident returns to her room, put the call light within her reach.

15a. Encourage the resident to walk with her back straight and her head up. This will help stretch her muscles.

15b. If the resident should begin to fall, do not try to hold her up. If you try to stop her fall, you can injure the resident and yourself. Instead, lean your body against the resident and guide her to the ground. If you are properly supporting the resident, you and she resident will move toward the floor at the same time. Make sure you use appropriate body mechanics so that you don't injure your back.

SUGGESTED NOTES YOUR NOTES

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Ambulating and Transferring Residents
Task: Assist resident to use a walker.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Verifies how far resident can safely walk			
2.	Washes hands			
3.	Obtains walker			
4.	Identifies resident			
5.	Greets resident			
6.	Explains task to resident			
7.	Provides for resident's privacy			
8.	Lowers bed			
9.	Lowers side rail			
10.	Helps resident sit on side of bed			
11.	Helps resident dress			
12.	Positions walker			
13.	Helps resident stand			
14.	Supports resident for 10-15 seconds			
15.	Helps resident walk			
16.	Attends to the resident's comfort and safety			

	S	U	N/A
17. Thanks resident for cooperating			
18. Washes hands			
19. Records distance resident walked			
20. Reports anything unusual to charge nurse			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Ambulating and Transferring Residents

Task: Move a resident into a chair using a two-person carry.

SUGGESTED NOTES YOUR NOTES

Prerequisites

- Ability to apply the information provided in:
  - Working with Residents of Long-Term Care Facilities
- Satisfactory demonstration of the following duty:
  - Dressing and Undressing Residents
- Satisfactory demonstration of the following tasks:
  - Wash hands using medical asepsis
  - Assist a resident to sit on the side of the bed
  - Adjust a gatch-frame bed

Performance Objective

Transfer a resident to a chair using a two-person carry. Use proper body mechanics and align the resident's head, neck, and spine after you put her in the chair.

Key Terms

- align
- ambulate
- body mechanics
- pivot
- two-person carry

Equipment and Supplies

- stationary chair or wheelchair
- seat padding
- lap robe

Audiovisuals and Resources

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Get a stationary chair or wheelchair and seat padding.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.
7. Angle the chair toward the side of the bed.
8. Put the seat padding in the chair.

*9. Lower the bed.
10. Lower the side rail.
*11. Help the resident sit on the side of the bed.
*12. Help the resident dress, if necessary.
*13. Ask a nursing assistant to help you.
14. Stand on one side of the resident and ask your partner to stand on the other side.
15. Brace one knee against one of the resident's knees and ask your partner to do the same.
16. Place one hand on one of the resident's upper arms just above her elbow and ask your partner to do the same.
17. Place your other hand underneath one of the resident's knees and ask your partner to do the same.
*18. Lift the resident on a count of 3.
19. Pivot until you and your partner are on either side of the chair.
20. Lower the resident into the chair.
*21. Align the resident's head, neck, and spine.
22. Thank the other nursing assistant for his help.
*23. Fasten the chair restraint.
24. Place a lap robe over the legs of the resident if she desires you to do so.
25. Put the call light within the resident's reach.
26. Attend to the resident's comfort and safety.
27. Thank the resident for her cooperation.
28. Wash your hands.
29. Report anything unusual to the charge nurse.

SUGGESTED NOTES YOUR NOTES

***Key Points**

9. Review the task: "Adjust a gatch-frame bed," if necessary.

11. Review the task: "Assist a resident to sit on the side of the bed, " if necessary.

12. Review the duty: "Dressing and Undressing Residents," if necessary.

13. Do not ask for help until you are ready to lift the resident. Complete as much of the task as possible before you ask for help so that your partner will spend as little time away from his own tasks as possible. If you must leave the room to find a partner, help the resident get back into bed and raise the side rail.

18. It is important for both of you to lift on a count of 3. This distributes the resident's weight evenly between you so that you keep the resident stable and don't hurt your back. Bend your knees as you lift.

21. Aligning the resident's head, neck, and spine is necessary to prevent muscle strain, spinal twisting, and general discomfort.

    The resident's back should be resting against the back of the chair. Place the resident's feet on the footrests or on the floor and her hands in her lap or on the armrests of the chair.

23. The chair restraint is used to keep the resident from falling out of the chair and to help her sit up straight.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Ambulating and Transferring Residents
Task: Move a patient into a chair using a two-person carry.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands	___	___	___
2.	Gets stationary chair or wheelchair and seat padding	___	___	___
3.	Identifies resident	___	___	___
4.	Greets resident	___	___	___
5.	Explains task to resident	___	___	___
6.	Provides for resident's privacy	___	___	___
7.	Places chair near bed	___	___	___
8.	Puts seat padding in chair	___	___	___
9.	Lowers bed	___	___	___
10.	Lowers side rail	___	___	___
11.	Helps resident sit on side of bed	___	___	___
12.	Helps resident dress	___	___	___
13.	Asks a nursing assistant for help	___	___	___
14.	Stands on one side of resident and asks partner to stand on the other side	___	___	___
15.	Braces one knee against one of resident's knees and asks partner to do the same	___	___	___
16.	Puts one hand on one of resident's arms and asks partner to do the same	___	___	___

		S	U	N/A
17.	Places other hand under one of resident's knees and asks partner to do the same			
18.	Lifts resident on count of 3			
19.	Pivots resident toward chair			
20.	Lowers resident into chair			
21.	Aligns resident's head, neck, and spine			
22.	Thanks partner			
23.	Fastens chair restraint			
24.	Places lab robe over resident's legs			
25.	Puts call light within resident's reach			
26.	Attends to resident's comfort and safety			
27.	Thanks resident for cooperating			
28.	Washes hands			
29.	Reports anything unusual			

Comments:

Student's Signature:

Instructor's Signature:

Date:

Duty: Ambulating and Transferring Residents

Task: Move a resident into a chair using a three-person carry.

SUGGESTED NOTES	YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  - Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following duty:
  - Dressing and Undressing Residents

Satisfactory demonstration of the following tasks:
  - Wash hands using medical asepsis
  - Move a resident into the supine position
  - Move a resident into the Fowler's position
  - Adjust a gatch-frame bed
  - Assist a resident to sit on the side of the bed

Performance Objective

Transfer a resident to a chair using a three-person carry. Use appropriate body mechanics and align the resident's head, neck, and spine after you put him in the chair.

Key Terms

align
three-person carry

Equipment and Supplies

lap robe
padding for chair seat
stationary or reclining chair

Audiovisuals and Resources

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Get a reclining or stationary chair and padding for the seat.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Place a chair at an angle next to the head of the bed facing the resident's feet.

8. Place padding in the seat of the chair.

*9. Lower the bed.

*10. Help the resident dress.

*11. Move the resident into the supine position.

*12. Ask two nursing assistants to help you complete this task.

*13. Move the resident into the Fowler's position.

14. Lower the side rail.
15. Stand behind the chair facing the foot of the bed.
16. Ask your partners to stand in front of you on the same side of the bed.
    a. One partner should stand at the resident's hips.
    b. One partner should stand at the resident's feet.
17. Prepare to move the resident.
    a. From your position next to the resident, reach under his arms, cross your hands, and grasp the resident's wrists.
    b. Ask one partner to place one hand under the resident's hips and the other hand under the resident's knees.
    c. Ask your other partner to hold the resident's feet.

*18. Lift the resident on a count of 3.

19. Move the resident toward the chair.
20. Lower the resident into the chair.

*21. Align the resident's head, neck, and spine.

22. Thank your partners for their help.
23. Fasten the chair restraint.

184

SUGGESTED NOTES YOUR NOTES

24. Place a lap robe over the resident's legs if he desires you to do so.
25. Place the call light within the resident's reach if he is in his room.
26. Attend to the resident's comfort and safety.
27. Thank the resident for his cooperation.
28. Wash your hands.

***Key Points**

7. Be sure to lock the brakes if you are using a wheelchair.

9. Review the task: "Adjust a gatch-frame bed," if necessary.

10. Review the duty: "Dressing and Undressing Residents," if necessary.

11. Review the task: "Move a resident into the supine position," if necessary.

12. Do not ask for help until you are ready to lift the resident. Complete as much of the task as possible before asking for help so that your partners will spend as little time away from their own tasks as possible. If you must leave the room to find partners, help the resident get back into bed and raise the side rail.

13. Review the task: "Move the resident into the Fowler's position," if necessary.

18. It is important to move the resident on a count of 3 because if all 3 partners do not move at the same time, one partner may find himself carrying most of the resident's weight. This could cause the partner carrying the most weight to injure his back or drop the resident.

SUGGESTED NOTES	YOUR NOTES

21. Aligning the resident's head, neck, and spine will help prevent muscle strain, spinal twisting, and general discomfort.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

186

Performance Checklist

Duty: Ambulating and Transferring Residents
Task: Move a resident into a chair using a three-person carry.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands	___	___	___
2. Gets a stationary or reclining chair and seat padding	___	___	___
3. Identifies resident	___	___	___
4. Greets resident	___	___	___
5. Explains task to resident	___	___	___
6. Provides for resident's privacy	___	___	___
7. Places chair at the head of the bed	___	___	___
8. Places padding in seat of chair	___	___	___
9. Lowers the bed	___	___	___
10. Helps resident dress	___	___	___
11. Moves resident into supine position	___	___	___
12. Asks 2 nursing assistants for help	___	___	___
13. Moves the resident into the Fowler's position	___	___	___
14. Lowers side rail	___	___	___
15. Stands behind the chair facing foot of bed	___	___	___
16. Asks partners to stand at the same side of the bed	___	___	___

	S	U	N/A
17. Prepares to move resident			
18. Lifts resident on a count of 3			
19. Moves resident toward chair			
20. Lowers resident into chair			
21. Aligns resident's shoulders, spine, and hips			
22. Thanks partners for their help			
23. Fastens chair restraint			
24. Puts lap robe over resident's legs			
25. Places call light within resident's reach			
26. Attends to resident's comfort and safety			
27. Thanks resident for cooperating			
28. Washes hands			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Introduction

Making Beds for Residents

Beds may be made either when the resident is up during the day or when the resident is occupying the bed. In either case, the method used in making the bed is essentially the same; however, the nursing assistant must take extra care to ensure the resident's privacy, safety, and comfort when making a bed while the resident is in it.

When making a bed, be careful to smooth all the wrinkles out of the sheets. Taking out wrinkles improves the appearance of the bed and makes the resident more comfortable. Wrinkled sheets also contribute to the development of decubitus ulcers, or bed sores.

The term "closed bed" refers to a bed in which the top bedding is pulled over the pillow. An "open bed" is a bed in which the top bedding is turned down, ready for a resident to occupy it.

Making beds is important to the health of incontinent residents (residents who cannot control their bowels or bladder). Extra sheets, called drawsheets, are used to protect the bed linens and the resident. Usually two draw sheets are used, a waterproof one on the bottom and a cloth one on top. The drawsheets make it possible to change beds frequently with the least possible discomfort to the resident. Check incontinent residents often and change soiled linen promptly because lying on soiled linen promotes bed sores. Wiping off the mattress and mattress pad when you change the bed decreases odor and the likelihood that the resident's skin will become irritated.

Each facility has a specific policy about linen changes. Pillow cases and drawsheets may be changed every day. Check the policy of your facility to find out how often to change top sheets. Complete bed changes may occur only on days when residents bathe, usually twice a week.

Many facilities encourage residents to bring personal belongings such as bedspreads to the facility in an effort to make residents feel more at home. Your facility may have an additional policy about the use of personal bedspreads that may affect the way you make the beds.

Duty: Making Beds for Residents

Definitions of Key Terms

closed bed--A freshly-made bed with the top spread covering the sheet and pillows.

draw sheet--A small sheet made of rubber, plastic, or cotton that is placed across the middle of a resident's bed to protect the bedding. It can also be used to help move a dependent resident.

fanfold--Folding the top bed linens to the foot of the bed so that they are out of the way but within easy reach.

foundation sheet--The bottom sheet of a bed that is placed directly over the mattress or mattress pad.

heading--A heading is created by folding the top sheet back two to three inches over the bedspread or blanket.

miter--A method of folding bedding at the corners of a bed so that sheets, blankets, and bedspreads fit neatly.

occupied bed--A bed that has a resident in it.

open bed--A freshly-made bed that has its top linens folded back and is ready to be occupied.

toe pleat--A tuck in the top linens close to the bottom of a bed that allows a person to move the feet and toes while lying in bed.

unoccupied bed--An empty bed.

Duty: Making Beds for Residents

List of Equipment and Supplies

bedspreads
bottom sheets
draw sheets
pillowcases
top sheets

Duty: Making Beds for Residents

Task: Make an unoccupied bed.

SUGGESTED NOTES | YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Handle clean and dirty linen
  Adjust a gatch-frame bed

Performance Objective

Make an unoccupied bed. The corners of the sheets must fit tightly and the linens must be wrinkle-free.

Key Terms

closed bed
draw sheet
fanfold
heading
miter
open bed
toe pleat
unoccupied bed

Equipment and Supplies

bedspread
bottom sheet
draw sheet
pillowcase
top sheet

Audiovisuals and Resources

Basic bedmaking for patient comfort and safety (Filmstrip/cassette: No. 476). Garden Grove, CA: Trainex.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the linens you will need.
3. Stack the linens in order of use.
4. Identify the bed to be made.
5. Greet the resident if he is present.
6. Explain the task to the resident if he is present.
7. Place the linens on a chair near the bed.

*8. Adjust the bed to a comfortable working height.

*9. Adjust the bed to its flattest position, if necessary.

10. Lower the side rail.
11. Remove the soiled pillowcase from the pillow.
12. Drape the soiled pillowcase over the back of a straight-backed chair.

*13. Strip the rest of the soiled linen from the bed.

*14. Place the soiled linen in the pillowcase that you draped over the chair back.

*15. Unfold a fitted bottom sheet.

16. Place the fitted corners of the bottom sheet over the mattress corners.
17. Tuck the sides of the bottom sheet under the mattress.

*18. Unfold a draw sheet.

19. Lay the draw sheet across the middle of the bed.
20. Tuck the draw sheet under the mattress.
21. Unfold the top sheet.
22. Lay the top sheet across the bed.
23. Tuck the top sheet under the foot of the mattress.
24. Miter the corners at the foot of the bed.
    a. Pick up the edge of the sheet about 12 inches from the foot of the mattress.
    b. Place the folded corner (triangle) of the sheet on top of the mattress.
    c. Tuck the hanging part of the sheet under the mattress.
    d. Hold the folded corner as you bring it down over the side of the mattress.

SUGGESTED NOTES YOUR NOTES

25. Unfold the blanket over the top sheet if the resident desires you to do so.
26. Tuck the blanket under the foot of the mattress.
27. Miter the two bottom corners.
28. Unfold the bedspread over the top sheet and blanket.
*29. Tuck the bedspread under the foot of the mattress.
*30. Miter the two bottom corners.
31. Make a toe pleat.
    a. Stand at the foot of the bed.
    b. Grasp both sides of the top covers about 12 inches from the foot of the bed.
    c. Gently pull the top covers toward the foot of the bed, making a 3 to 4-inch fold across the foot of the bed.
32. Move to the head of the bed.
*33. Make a heading by folding the top bedding back about 12 inches.
34. Put a clean pillowcase on the pillow.
    a. Hold the closed end of the pillowcase with one hand.
    b. Use your other hand to gather one side of the case up to and over the hand that is holding it.
    c. Pick up the pillow with your covered hand.
    d. Unfold the pillowcase over the pillow.
35. Place the pillow on the bed with the open end facing away from the door.
36. Fanfold the top bedding if an open bed is desired.
    a. Pick up the top bedding and bring it toward the foot of the bed, folding it back on itself until you have 3 equal layers of bedding.
    b. Smooth the folded sheets.
*37. Lower the bed.
38. Thank the resident for his cooperation if he is present.

SUGGESTED NOTES	YOUR NOTES

39. Put the call light within the resident's reach if he is present.
40. Attend to the resident's comfort and safety if he is present.
*41. Remove the soiled linens from the room.
42. Wash your hands.

***Key Points**

8. & 9. Review the task: "Adjust a gatch-frame bed," if necessary.

13. Every facility has a different policy regarding the number of times per week beds are completely stripped and remade.

14. Hold soiled linens away from you. This helps prevent the spread of germs.

15. If fitted bottom sheets are unavailable, use a flat sheet. Place one hem of the sheet even with the foot of the mattress, tuck the other end of the sheet under the head of the mattress, miter the corners, and tuck in the sides. You do not have to cover the foot of the mattress with the bottom sheet since the top sheet will cover it.

18. If the resident whose bed you are making is incontinent, use both waterproof and cloth draw sheets to protect the mattress and bottom sheets. Put the waterproof sheet under the cloth sheet. Ambulatory patients may not require the use of a draw sheet. Check the policy of your facility regarding the use of draw sheets.

29. & 30. It is not always necessary to miter and tuck in the corners of the bedspread. This may depend on the personal preference of the nursing assistant or the resident. Check the policy of your facility.

SUGGESTED NOTES YOUR NOTES

33. Some facilities may not require that beds be made with headings. Check the policy of your facility.

37. Always remember to return a hi-lo bed to its lowest position when you have finished a task.

41. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Making Beds for Residents
Task: Make an unoccupied bed.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory NA = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers linens			
3. Stacks linen in order of use			
4. Identifies correct bed			
5. Greets resident			
6. Explains task to resident			
7. Places linens on chair near bed			
8. Adjusts bed to comfortable working height			
9. Adjusts bed to its flattest position			
10. Lowers side rail			
11. Removes soiled pillowcase			
12. Drapes pillowcase over chair back			
13. Strips remaining linen from bed			
14. Places soiled linen in pillowcase draped on chair back			
15. Unfolds bottom sheet			
16. Places fitted sheet corners over mattress corners			
17. Tucks in sides of bottom sheet			

	S	U	N/A
18. Unfolds draw sheet	___	___	___
19. Lays draw sheet across middle of bed	___	___	___
20. Tucks in draw sheet at sides	___	___	___
21. Unfolds top sheet	___	___	___
22. Lays top sheet across bed	___	___	___
23. Tucks top sheet under foot of mattress	___	___	___
24. Miters corners of top sheet	___	___	___
25. Unfolds blanket over top sheet	___	___	___
26. Tucks blanket under foot of mattress	___	___	___
27. Miters corners of blanket	___	___	___
28. Unfolds bedspread over top sheet and blanket	___	___	___
29. Tucks bedspread under foot of mattress	___	___	___
30. Miters corners of bedspread	___	___	___
31. Makes toe pleat	___	___	___
32. Moves to head of bed	___	___	___
33. Makes heading	___	___	___
34. Puts clean pillowcase on pillow	___	___	___
35. Places pillow on bed	___	___	___
36. Fanfolds top bedding	___	___	___
37. Lowers bed	___	___	___
38. Thanks resident for cooperating	___	___	___
39. Puts call light within the resident's reach	___	___	___

	S	U	N/A
40. Attends to resident's comfort & safety			
41. Removes soiled linens from room			
42. Washes hands			

Comments:____

____

Student's Signature: ____________________________

Instructor's Signature: __________ __________

Date: ____

Duty: Making Beds for Residents

Task: Make an occupied bed.

SUGGESTED NOTES — YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duty:
  Using Supportive and Protective Aids
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Handle clean and dirty linen
  Move a resident into the lateral and Sim's position
  Move a resident into the supine position
  Adjust a gatch-frame bed
  Cleanse an incontinent resident

Performance Objective

Make an occupied bed. The corners of the sheets must fit tightly, and the linens must be wrinkle-free.

Key Terms

- draw sheet
- fanfold
- headings
- miter
- occupied bed
- toe pleat

Equipment and Supplies

- bedspread
- bottom sheet
- draw sheet
- pillowcase
- top sheet

Audiovisuals and Resources

Occupied bed making (Filmstrip/cassette: No. 370). Garden Grove, CA: Trainex.

SUGGESTED NOTES	YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the linens.
3. Stack the linens in order of use.
4. Identify the resident.
5. Greet the resident.
6. Explain the task to the resident.
7. Place the linen on a chair near the bed.
8. Provide for the resident's privacy.

* 9. Raise the bed to a comfortable working height.
*10. Put the bed in the flattest position the resident can tolerate.
*11. Untie any restraints.
12. Loosen the sheets around the entire bed.
13. Lower the side rail.
*14. Turn the resident onto his side, facing away from you.
*15. Check the resident to see whether he is incontinent.
16. Roll the soiled draw sheet toward the resident, tucking it tightly against his back.
17. Roll the soiled bottom sheet toward the resident, tucking it tightly against his back.
18. Unfold the clean bottom sheet.
19. Align the center fold of the clean fitted bottom sheet with the center of the mattress.
*20. Place 2 corners of the clean fitted bottom sheet over the mattress corners nearest you.
*21. Place a clean draw sheet on the bed.
22. Tuck the clean draw sheet under the side of the mattress.
23. Roll the clean bottom sheet and the draw sheet toward the resident.
24. Tuck the clean sheets under the resident's back.
25. Raise the side rail.
26. Remove the soiled pillowcase from the pillow.
27. Drape the soiled pillowcase over the back of a straight-backed chair.

SUGGESTED NOTES | YOUR NOTES

28. Put a clean pillowcase on the pillow.
    a. Hold the closed end of the clean pillowcase with one hand.
    b. Use your other hand to gather one side of the pillowcase up to and over the hand that is holding it.
    c. Pick up the pillow with your covered hand.
    d. Unfold the pillowcase over the pillow.
29. Place the pillow under the resident's head with the open end facing away from the door.
30. Move to the other side of the bed.
31. Lower the side rail.
*32. Roll the resident away from you and onto the clean side of the bed.
*33. Strip the soiled bottom linens.
34. Place the soiled linens in the pillowcase that you draped over the chair back.
35. Pull the clean linens toward you.
36. Place 2 fitted corners of the bottom sheet over the mattress corners nearest you.
37. Tuck the sides of the bottom sheet under the mattress.
38. Tuck the draw sheet under the mattress.
*39. Turn the resident onto his back.
40. Unfold the clean top sheet.
41. Place the clean top sheet over the soiled top sheet and turn it back 6 inches to make a heading.
*42. Pull the soiled top sheet from under the clean top sheet.
43. Tuck the top sheet under the foot of the mattress.
44. Miter the corners at the foot of the bed.
    a. Pick up the edge of the sheet about 12 inches from the foot of the mattress.
    b. Place the folded corner (triangle) of the sheet on top of the mattress.
    c. Tuck the hanging part of the sheet under the mattress.
    d. Hold the folded corner as you bring it down over the side of the mattress.
45. Lay a blanket over the top sheet if the resident desires you to do so.

SUGGESTED NOTES YOUR NOTES

46. Tuck the blanket under the foot of the mattress.
47. Miter the corners at the foot of the bed.
48. Unfold the bedspread over the top sheet and blanket.
*49. Tuck the bedspread under the foot of the mattress.
*50. Miter the corners at the foot of the bed.
51. Make a toe pleat.
    a. Grasp the sides of the top covers at the mitered corners.
    b. Gently pull the top covers toward the foot of the bed, making a 3 to 4-inch fold across the foot of the bed.
*52. Lower the bed.
53. Retie any restraints.
54. Put the call light within the resident's reach.
55. Attend to the resident's comfort and safety.
56. Thank the resident for his cooperation.
*57. Remove the soiled linen from the room.
58. Wash your hands.

***Key Points**

9. This assumes that you are attending to a resident who is in a hi-lo bed. Adjusting the bed to a comfortable working height makes the task easier for you to perform and reduces the possibility that you will strain your back. Review the task: "Adjust a gatch-frame bed," if necessary.

10. Review the task: "Adjust a gatch-frame bed," if necessary.

11. Review the duty: "Using Supportive and Protective Aids," if necessary. Remember that residents who are restrained must be checked and their restraints must be loosened periodically. In addition, the resident's position must be changed at least once every 2 hours.

SUGGESTED NOTES YOUR NOTES

14. & 32. Review the task: "Move a resident into the lateral and Sim's position," if necessary.

15. If the resident is incontinent, cleanse him before proceeding to make the bed. Review the task: "Cleanse an incontinent resident," if necessary. Before making the bed of an incontinent resident, wipe off the mattress with soap and water and dry it with a clean towel. This will help prevent odor and the spread of germs.

20. If fitted bottom sheets are unavailable, use a flat sheet. Place one hem of the sheet even with the foot of the mattress, tuck the other end of the sheet under the head of the mattress, miter the corners, and tuck in the sides. You do not have to cover the foot of the mattress with the bottom sheet since the top sheet will cover it.

21. You may want to use both waterproof and cloth draw sheets to protect the mattress and bottom sheets. The waterproof draw sheet goes under the cloth draw sheet.

33. It may not be necessary to do a complete linen change each time you make the resident's bed. Check the policy of your facility regarding complete linen changes.

39. Review the task: "Move a resident into the supine position," if necessary.

42. The resident may hold the top of the clean sheet if he is able to do so in order to help preserve his privacy and provide assistance.

SUGGESTED NOTES YOUR NOTES

49. & 50. It is not always necessary to miter the corners of the bedspread. This may depend on the personal preference of the nursing assistant or the resident. Check the policy of your facility.

52. Always remember to return a hi-lo bed to its lowest position when you have finished a task. This insures the resident's safety.

57. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Making Beds for Residents
Task: Make an occupied bed.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers linens			
3. Stacks linens in order of use			
4. Identifies resident			
5. Greets resident			
6. Explains task to resident			
7. Places linens on chair			
8. Provides for resident's privacy			
9. Adjusts bed to comfortable working height			
10. Puts bed in flattest position resident can tolerate			
11. Unties any restraints			
12. Loosens sheets around entire bed			
13. Lowers side rail			
14. Turns resident toward far side of bed			
15. Checks resident for incontinence			
16. Rolls soiled draw sheet toward resident			
17. Rolls soiled bottom sheet toward resident			
18. Unfolds clean bottom sheet			
19. Aligns center fold of bottom sheet with center of mattress			

		S	U	N/A
20.	Puts corners of bottom sheet over mattress corners	___	___	___
21.	Places clean draw sheet on bed	___	___	___
22.	Tucks in sides of draw sheet	___	___	___
23.	Rolls bottom linen toward resident's back	___	___	___
24.	Tucks sheets under resident's back	___	___	___
25.	Raises side rail	___	___	___
26.	Removes soiled pillowcase	___	___	___
27.	Drapes soiled pillowcase over chair back	___	___	___
28.	Changes pillowcase	___	___	___
29.	Places pillow under resident's head	___	___	___
30.	Moves to other side of bed	___	___	___
31.	Lowers side rail	___	___	___
32.	Rolls resident onto clean side of bed	___	___	___
33.	Strips soiled bottom linens	___	___	___
34.	Places soiled linen in pillowcase	___	___	___
35.	Pulls clean linens to nearest side of bed	___	___	___
36.	Puts corners of bottom sheet over mattress corners	___	___	___
37.	Tucks in sides of bottom sheet	___	___	___
38.	Tucks in draw sheet	___	___	___
39.	Turns resident onto his back	___	___	___
40.	Unfolds clean top sheet	___	___	___
41.	Places clean top sheet over soiled top sheet	___	___	___
42.	Pulls soiled top sheet from under clean top sheet	___	___	___

	S	U	N/A
43. Tucks top sheet under foot of mattress			
44. Miters corners of top sheet			
45. Lays blanket over top sheet			
46. Tucks blanket under foot of mattress			
47. Miters corners of blanket			
48. Lays bedspread on top of blanket			
49. Tucks bedspread under foot of mattress			
50. Miters corners of bedspread			
51. Makes toe pleat			
52. Lowers bed			
53. Reties any restraints			
54. Puts call light within resident's reach			
55. Attends to resident's comfort & safety			
56. Thanks resident for cooperating			
57. Removes soiled linen from room			
58. Washes hands			

Comments:

Student's Signature:

Instructor's Signature:

Date:

Introduction

Bathing Residents

Bathing is a refreshing experience that not only gets rid of dirt and body odors, but also stimulates the circulation, helps prevent bedsores, and provides an opportunity for residents to exercise their arms and legs. By encouraging residents to do as much as they can for themselves while bathing, you will help them maintain their dignity and feelings of independence.

When bathing residents, make sure to provide for their privacy and safety at all times. Never leave a resident unattended in a bath tub or shower. During the resident's bath, check his or her skin for redness, irritation, and decubitus ulcers. Any changes in the resident's skin condition should be reported to the charge nurse immediately.

Every long-term care facility will have a policy about the frequency of residents' baths. Ambulatory residents are likely to receive showers or tub baths; residents who are extremely ill or weak, will probably receive a complete bed bath.

When giving a complete bed bath, it is important to remember to:

- Keep the resident covered as much as possible to preserve his or her privacy and prevent him from getting chilled.
- Rinse soap away thoroughly (soap residue can be drying and irritating to the skin).
- Ask the resident to test the water temperature, if necessary.
- Change the water when it becomes cold, dirty, or soapy and before you wash the resident's perineal area.

- Soak the resident's hands and feet in the bath basin for a few seconds, if possible. This is refreshing to a bedridden resident.
- Use good body mechanics when you are positioning the resident to protect both the resident and yourself from injury.

Some residents will require a partial bed bath. They will be able to bathe themselves to some extent and will need you only to wash those parts of their bodies that they cannot reach, such as their backs or feet. Partial bed baths are also be given to residents who are incontinent or who have a fever.

Duty: Bathing Residents

Definitions of Key Terms

active range of motion—Refers to exercises that encourage an individual to move his or her muscles and joints as much as possible. (See range of motion.)

decubitus ulcer—An open wound that is caused by pressure of lying or sitting in one position for a long period of time. Also called a pressure sore or bedsore.

hairline—The lower edge of the hair along the forehead.

hydraulic bath chair—A chair that lifts in and out of a bath tub and is used as an aid in bathing residents who have limited movement.

range of motion—The extent to which a person can move before he or she feels pain. Also refers to exercises for joints that provide a maximum degree of motion. (See active range of motion.)

sacral area—The area of the lower back at the base of the spine where the spinal cord joins both hip bones to form the back of the pelvis.

Duty: Bathing Residents

Equipment List

bath basin
bath blankets
bathtub
bed linen
gown
hair dryer
lotion
shampoo
shower cap
shower chair
soap
towels
wash cloths

Duty: Bathing Residents

Task: Drape a resident with a bath blanket or sheet.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Move a resident into the supine position

Performance Objective

Drape a resident with a bath blanket or sheet. The drape must cover the resident's body in order to prevent chills and preserve the resident's privacy.

Key Terms

drape

Equipment and Supplies

bath blanket or sheet

Audiovisuals and Resources

Performance Steps

1. Wash your hands.
2. Get a bath blanket or sheet.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.
7. Lower the side rail.

*8. Turn the resident onto her back.
9. Unfold the drape over the top sheet so that it covers the resident.
*10. Fold the top sheet to the foot of the bed.
11. Fanfold the top sheet.
*12. Adjust the drape.
13. Put the call light within the resident's reach.
14. Attend to the resident's comfort and safety.
15. Raise the side rail.
16. Thank the resident for her cooperation.
17. Wash your hands.

***Key Points**

8. Review the task: "Move a resident into the supine position," if necessary.

10. At no time should her body be exposed. The resident's privacy must be preserved.

12. Make sure the drape covers the resident's body completely. This will prevent the resident from becoming chilled.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Bathing Residents
Task: Drape a resident with a bath blanket or sheet.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands			
2.	Gets a bath blanket or sheet			
3.	Identifies resident			
4.	Greets resident			
5.	Explains task to resident			
6.	Provides for resident's privacy			
7.	Lowers side rail			
8.	Turns resident onto her back			
9.	Unfolds drape over top sheet so that it covers the resident			
10.	Folds top sheet to foot of bed			
11.	Fanfolds top bedding			
12.	Adjusts drape			
13.	Puts call light within resident's reach			
14.	Attends to resident's comfort and safety			
15.	Raises side rail			

	S	U	N/A
16. Thanks resident for cooperating			
17. Washes hands			

Comments:____

____

Student's Signature: ______________________________

Instructor's Signature: ____________________________

Date: ____

Duty: Bathing Residents

Task: Wash a resident's face and hands.

SUGGESTED NOTES YOUR NOTES

Prerequisites

- Ability to apply the information provided in:
  - Working with Residents of Long-Term Care Facilities
- Satisfactory demonstration of the following tasks:
  - Wash hands using medical asepsis
  - Handle clean and dirty linen

Performance Objective

Wash the resident's hands and face. The resident's privacy must be protected and the resident's face and hands must be clean and dry.

Key Terms

Equipment and Supplies

- bath basin
- lotion
- soap
- towels
- washcloth

Audiovisuals and Resources

SUGGESTED NOTES | YOUR NOTES

Performance Steps

1. Wash your hands.
*2. Gather the supplies.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.
7. Fill the basin halfway with warm water.
8. Wet the washcloth.
9. Place the washcloth over your hand.
10. Wash around the resident's eyes without using soap.
    a. Wash from the inside of the eye outward.
    b. Use different parts of the washcloth for each eye.
*11. Wash the resident's face and neck.
12. Dry the resident's face and neck.
13. Wash the resident's hands.
    a. Wash her palms and between her fingers, using soap.
    *b. Soak each hand in the basin for a few minutes if the resident desires you to do so.
14. Dry the resident's hands with a towel.
15. Apply lotion to the resident's hands if she desires you to do so.
16. Put the call light within the resident's reach.
17. Attend to the resident's comfort and safety.
18. Thank the resident for her cooperation.
19. Clean the bath basin.
20. Store the reusable supplies.
*21. Remove the soiled linen from the room.
22. Wash your hands.

***Key Points**

2. The supplies for this task are usually found in the resident's bedside table.

11. Ask the resident if she wants you to use soap when washing her face. Use soap only if she requests you to do so.

SUGGESTED NOTES	YOUR NOTES
13b. Soaking the resident's hands can sometimes relieve tension and soreness.	
21. Review the task: "Handle clean and dirty linen," if necessary.	

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Bathing Residents
Task: Wash a resident's face and hands.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands			
2.	Gathers supplies			
3.	Identifies resident			
4.	Greets resident			
5.	Explains task to resident			
6.	Provides for resident's privacy			
7.	Fills basin halfway with warm water			
8.	Wets washcloth			
9.	Places washcloth over hand			
10.	Washes around the resident's eyes without using soap			
11.	Washes the resident's face and neck			
12.	Dries resident's face and neck			
13.	Washes resident's hands			
14.	Dries resident's hands			
15.	Applies lotion to resident's hands			
16.	Puts call light within resident's reach			
17.	Attends to resident's comfort and safety			
18.	Thanks resident for cooperating			
19.	Cleans basin			

	S	U	NA
20. Stores reusable equipment			
21. Removes soiled linen			
22. Washes hands			

Comments:____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Bathing Residents

Task: Assist a resident with a partial bath.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duties:
  Administering Special Skin Care to Residents
  Assisting with Urine Elimination
  Dressing and Undressing Residents
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Wash a resident's face and hands
  Move a resident into the lateral and Sim's position
  Move a resident into the supine position
  Drape a resident with a bath blanket or sheet
  Handle clean and dirty linen
  Give perineal care
  Adjust a gatch-frame bed
  Change a resident's gown
  Give a backrub

Performance Objective

Assist the resident with a partial bed bath. The resident's privacy must be protected and the resident must be left clean and dry.

Key Terms

perineal area

Equipment and Supplies

lotion
soap
towels
washcloths

Audiovisuals and Resources

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the supplies.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Assist the resident with his elimination needs.
*8. Adjust the bed.
*9. Drape the resident with a bath blanket.
*10. Remove the resident's gown.
*11. Fill the bath basin halfway with warm water.
*12. Help the resident wash his face and hands.

13. Wash the resident's underarms.
    - a. Place a towel underneath one of his arms.
    - b. Raise the resident's arm by placing your palm under his elbow.
    - c. Wash and dry his underarm.
    - d. Remove the towel from under his arm.
    - e. Wash the resident's other underarm, repeating steps a through d.

*14. Check the resident's elbows and underarms for redness and irritation.

15. Assist female residents to wash and dry under their breasts.

*16. Check the skin under female residents' breasts for redness and irritation.

17. Wash the resident's back.
    - *a. Turn the resident on his side, facing away from you.
    - b. Put a towel on the bottom sheet next to the resident's back.
    - c. Wash and dry his back.
    - d. Remove the towel.

*18. Check the resident's back for redness and irritation.
*19. Give the resident a backrub.
*20. Help the resident turn onto his back.
*21. Help the resident wash his perineal area.
*22. Check the perineal area and buttocks for redness and irritation.

23. Help the resident use such toiletries as deodorant and cologne.

*24. Help the resident dress.

SUGGESTED NOTES YOUR NOTES

25. Assist the resident with his eyeglasses, hearing aid or other equipment.
*26. Adjust the bed.
27. Clean and dry the bath basin.
28. Store the reusable supplies.
29. Wipe off the bedside table.
30. Put the call light within the resident's reach.
31. Attend to the resident's comfort and safety.
32. Thank the resident for his cooperation.
*33. Remove the soiled linen from the room.
34. Wash your hands.
35. Report anything unusual to the charge nurse.

***Key Points**

7. Review the duty: "Assisting With Urine Elimination," if necessary.

8. & 26. Adjust the bed so that the resident is comfortable and able to bathe himself as much as possible. Once the bath has been completed, readjust the bed to the position the resident prefers. Review the task: "Adjust a gatch-frame bed," if necessary.

9. Review the task: "Drape a resident with a bath blanket or sheet," if necessary.

10. Review the task: "Change a resident's gown," if necessary.

11. Ask the resident to test the water temperature; adjust it, if necessary.

12. Review the task: "Wash a resident's face and hands," if necessary.

14.16.18. & 22. Review the duty: "Administering Special Skin Care to Residents," if necessary.

SUGGESTED NOTES YOUR NOTES

17a. Review the task: "Move a resident into the lateral and Sim's position," if necessary.

19. Review the task: "Give a backrub," if necessary.

20. Review the task: "Move a resident into the supine position," if necessary.

21. Review the task: "Give perineal care," if necessary.

24. Review the duty: "Dressing and Undressing Residents," if necessary.

33. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Bathing Residents
Task: Assist a resident with a partial bath.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory   U = Unsatisfactory   N/A = Not Applicable

		S	U	N/A
1.	Washes hands			
2.	Gathers supplies			
3.	Identifies resident			
4.	Greets resident			
5.	Explains task to resident			
6.	Provides for resident's privacy			
7.	Assists with urine elimination			
8.	Adjusts bed			
9.	Drapes resident with bath blanket			
10.	Removes resident's gown			
11.	Fills bath basin halfway with warm water			
12.	Helps resident wash his face and hands			
13.	Washes resident's underarms			
14.	Checks resident's elbows and underarms			
15.	Helps wash under breasts of female residents			
16.	Checks skin under the breasts of female residents			
17.	Washes resident's back			
18.	Checks resident's back			
19.	Gives resident a backrub			

	S	U	N/A
20. Helps resident turn onto his back			
21. Helps resident wash his perineal area			
22. Checks resident's perineal area and buttocks			
23. Assists resident with toiletries			
24. Helps resident dress			
25. Assists resident with his eyeglasses, hearing aids, etc.			
26. Adjusts bed			
27. Cleans and dries bath basin			
28. Stores reusable supplies			
29. Wipes off bedside table			
30. Puts call light within resident's reach			
31. Attends to resident's comfort and safety			
32. Thanks resident for cooperating			
33. Removes soiled linen			
34. Washes hands			
35. Reports anything unusual to charge nurse			

Comments: ____

____

Student's Signature: ____________________________

Instructor's Signature: ____________________________

Date: ____________________________

Duty: Bathing Residents

Task: Assist a resident to take a tub bath.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duties:
  Medical Asepsis and Cleaning
  Ambulating and Transferring Residents
  Administering Special Skin Care to Residents
  Dressing and Undressing Residents

Performance Objective

Help a resident take a tub bath. The resident's privacy must be protected and the resident must be left clean and dry.

Key Terms

Equipment and Supplies

- bathtub
- soap
- towels
- wash cloth

Audiovisuals and Resources

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the supplies.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

* 7. Assist the resident with elimination needs.
* 8. Help the resident undress.
* 9. Help the resident put on her robe and slippers.
*10. Place one towel in the bottom of the bathtub and one on the floor beside the bathtub.
11. Turn on the water.
*12. Assist the resident to sit on the side of the bed.
*13. Help the resident into the bathroom.
*14. Help the resident remove her robe and slippers.
*15. Help the resident into the bathtub.
*16. Help the resident wash, if necessary.
    a. Encourage the resident to wash herself as much as she can.
    b. Give special attention to skin folds and the perineal area.
17. Help the resident out of the bathtub.
18. Help the resident dry herself.
*19. Check the resident's skin for redness and irritation.
*20. Help the resident put on her robe and slippers.
21. Help the resident return to her room.
*22. Help the resident dress, if necessary.
23. Put the call light within the resident's reach.
24. Attend to the resident's comfort and safety.
25. Thank the resident for her cooperation.
26. Return to the bathroom.
27. Drain the bathtub.
*28. Clean the bathtub.
*29. Remove the soiled linen from the room.
30. Store the reusable supplies.
31. Wash your hands.
32. Report anything unusual to the charge nurse.

SUGGESTED NOTES YOUR NOTES

***Key Points**

7. Review the duty: "Assisting with Urine Elimination," if necessary.

8. & Review the duty: "Dressing and Undressing
22. Residents," if necessary.

9. & Review the task: "Help a resident put on a robe
20. and slippers," if necessary.

10. It is more comfortable for the resident to sit on a towel, and it reduces the chance of her slipping and falling while she is in the tub. Placing a towel beside the tub reduces the chance of her falling when she gets out of the tub; and it also absorbs any water splashed outside the tub.

12. Review the task: "Assist a resident to sit on the side of the bed," if necessary.

13. Review the tasks: "Help a resident into a wheelchair or geriatric chair," "Transport a resident using a wheelchair," "Help a resident walk," and "Assist a resident to use a walker," if necessary.

14. Before helping the resident into the bathtub, ask her to test the water temperature; adjust it, if necessary.

15. Some facilities have hydraulic bath chairs for residents who are otherwise unable to get in and out of a bathtub. Consult the charge nurse for specific instructions on their use.

16. Never leave a resident in a bathtub unattended.

19. Review the duty: "Administering Special Skin Care to Residents," if necessary.

SUGGESTED NOTES	YOUR NOTES
28. & 29. Review the tasks: "Handle clean and dirty linen" and "Clean tubs and showers," if necessary.	

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Bathing Residents
Task: Assist a resident to take a tub bath.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands	___	___	___
2. Gathers supplies	___	___	___
3. Identifies resident	___	___	___
4. Greets resident	___	___	___
5. Explains task to resident	___	___	___
6. Provides for resident's privacy	___	___	___
7. Helps resident with her elimination needs	___	___	___
8. Helps resident undress	___	___	___
9. Helps resident put on her robe and slippers	___	___	___
10. Places towels in the bottom of and beside the tub	___	___	___
11. Turns on water	___	___	___
12. Assists resident to sit on side of bed	___	___	___
13. Helps resident into bathroom	___	___	___
14. Removes resident's robe and slippers	___	___	___
15. Helps resident into bathtub	___	___	___
16. Helps resident wash	___	___	___
17. Helps resident out of bathtub	___	___	___

	S	U	N/A
18. Helps resident dry herself			
19. Checks resident's skin for redness and irritation			
20. Helps resident put on a robe and slippers			
21. Helps resident return to her room			
22. Helps resident dress, if necessary			
23. Puts call light within resident's reach			
24. Attends to resident's comfort and safety			
25. Thanks resident for cooperating			
26. Returns to bathroom			
27. Drains bathtub			
28. Cleans bathtub			
29. Removes soiled linen from bathroom			
30. Stores reusable supplies			
31. Washes hands			
32. Reports anything unusual to charge nurse			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Bathing Residents

Task: Assist a resident to take a shower.

SUGGESTED NOTES	YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following duties:
- Medical Asepsis and Cleaning
- Dressing and Undressing Residents
- Assisting With Urine Elimination
- Administering Special Skin Care to Residents

Satisfactory demonstration of the following tasks:
- Assist a resident to sit on the side of the bed
- Help a resident walk
- Assist a resident to use a walker
- Help a resident into a wheelchair or geriatric chair
- Transport a resident using a wheelchair
- Wash a resident's hair
- Help a resident put on a robe and slippers
- Handle clean and dirty linen
- Clean tubs and showers

Performance Objective

Help the resident take a shower. The resident's privacy must be protected and the resident must be left clean and dry.

Key Terms

shower chair

Equipment and Supplies

hair dryer
shampoo
shower cap
shower chair
soap
towels
washcloth

Audiovisuals and Resources

SUGGESTED NOTES	YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the supplies.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.
- *7. Assist the resident with her elimination needs.
- *8. Help the resident undress.
- *9. Help the resident put on her slippers and robe.
- *10. Help the resident sit on the side of the bed.
- *11. Place a clean towel on the floor of the shower so that the resident does not slip.
- *12. Help the resident into the shower room.
- *13. Turn on the water.
- 14. Help the resident take off her robe and slippers.
- *15. Help the resident put on a shower cap, if necessary.
- *16. Help the resident into the shower.
- *17. Help the resident wash, if necessary.
    - a. Encourage her to wash herself as much as possible.
    - b. Give special attention to skin folds and the perineal area.
- *18. Shampoo the resident's hair, if necessary.
- 19. Turn off the water.
- *20. Help the resident out of the shower.
- 21. Remove the shower cap, if necessary.
- 22. Help the resident dry herself.
- 23. Towel-dry the resident's hair if it is wet.
- *24. Check the resident's skin for redness and irritation.
- *25. Help the resident put on her slippers and robe.
- *26. Help the resident return to her room.
- 27. Use hair dryer on the resident's hair, if necessary.
- *28. Help the resident dress.
- *29. Help the resident return to bed or sit in a chair.
- 30. Put the call light within the resident's reach.
- 31. Attend to the resident's comfort and safety.
- 32. Thank the resident for her cooperation.
- 33. Return to the shower room.

SUGGESTED NOTES YOUR NOTES

*34. Remove soiled linen from the room.
*35. Clean the shower.
36. Store the reusable supplies.
37. Wash your hands.
38. Report anything unusual to the charge nurse.

***Key Points**

7. Review the duty: "Assisting with Urine Elimination," if necessary.

8. If the resident is dressed, help her undress before putting on her slippers and robe. Review the duty: "Dressing and Undressing Residents," if necessary.

9. & 25. Review the task: "Help a resident put on a robe and slippers," if necessary.

10. Review the task: "Assist a resident to sit on the side of the bed," if necessary.

11. Do not cover the drain with the towel.

12. & 26. Review the tasks: "Help a resident walk," "Assist a resident to use a walker," "Help a resident into a wheelchair or geriatric chair" and "Transport a resident using a wheelchair," if necessary.

13. Ask the resident to test the water temperature; adjust it before she gets into the shower.

15. Some residents have their hair washed by a styling salon and will not want their hair shampooed. In that case, place a shower cap over the resident's hair to protect it. If the resident does not use a styling salon, shampoo as often as your facility requires.

SUGGESTED NOTES YOUR NOTES

16. Residents who are unable to stand alone for any length of time should be taken to the shower in a shower chair. This is a chair on wheels that can be moved into the shower with the resident sitting in it. If the resident is in a shower chair, move it and the resident into the shower.

17. Never leave a resident unattended in the shower. If the resident is able to wash herself, pull the shower curtain closed and stand outside. Be ready to assist the resident but encourage her to do as much as she can by herself.

18. Review the task: "Wash a resident's hair," if necessary.

20. If the resident is sitting in a shower chair, move the chair out of the shower.

24. Review the duty: "Administering Special Skin Care to Residents," if necessary.

28. Review the duty: "Dressing and Undressing Residents," if necessary.

29. Review the task: "Move a resident from the bed into a chair and back," if necessary.

34. & 35. Review the tasks: "Handle clean and dirty linen," and "Clean tubs and showers," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Bathing Residents
Task: Assist a resident to take a shower.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers supplies			
3. Identifies resident			
4. Greets resident			
5. Explains task to resident			
6. Provides for resident's privacy			
7. Assists resident with her elimination needs			
8. Helps resident undress			
9. Helps resident put on her robe and slippers			
10. Helps resident sit on side of bed			
11. Places towel on floor of shower			
12. Helps resident into shower room			
13. Turns on water			
14. Helps resident remove her robe and slippers			
15. Helps resident with shower cap			
16. Helps resident into shower			
17. Helps resident to wash herself			
18. Helps shampoo resident's hair			
19. Turns off water			

	S	U	N/A
20. Helps resident out of shower	___	___	___
21. Removes shower cap	___	___	___
22. Helps resident dry herself	___	___	___
23. Helps resident towel-dry her hair	___	___	___
24. Checks resident's skin	___	___	___
25. Helps resident put on her robe and slippers	___	___	___
26. Helps resident return to her room	___	___	___
27. Uses hair dryer on resident's hair	___	___	___
28. Helps resident dress	___	___	___
29. Helps resident return to bed or sit on a chair	___	___	___
30. Puts call light within resident's reach	___	___	___
31. Attends to resident's comfort and safety	___	___	___
32. Thanks resident for cooperating	___	___	___
33. Returns to shower room	___	___	___
34. Removes soiled linen	___	___	___
35. Cleans shower	___	___	___
36. Stores reusable supplies	___	___	___

	S	U	N/A
37. Washes hands	___	___	___
38. Reports anything unusual to charge nurse	___	___	___

Comments:____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Bathing Residents

Task: Give a complete bed bath to a resident.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duty:
  Medical Asepsis and Cleaning
  Administering Special Skin Care
  Assisting with Urine Elimination
Satisfactory demonstration of the following tasks:
  Drape a resident with a bath blanket or sheet
  Adjust a gatch-frame bed
  Assist a resident with A.M. care
  Change a resident's gown
  Wash a resident's face and hands
  Move a resident into the lateral and Sim's position
  Make an occupied bed
  Give perineal care
  Handle clean and dirty linen

Performance Objective

Give a complete bed bath to a resident. The resident's privacy must be preserved and the resident must be left clean and dry.

Key Terms

perineal

Equipment and Supplies

bath basin
bed linen
gown
soap
towels
washcloths

Audiovisuals and Resources

Giving a patient a bath (Filmstrip/cassette: No. 475). Garden Grove, CA: Trainex.

Bed bath (Filmstrip/cassette: No. 369). Garden Grove, CA: Trainex.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Assist the resident with her elimination needs.
*8. Raise the bed to a comfortable working height.
*9. Adjust the bed to the flattest position the resident can tolerate.
10. Remove the bedspread from the bed.
11. Place the bedspread on a chair.
12. Lower the side rail.
13. Loosen the top bedding from under the mattress on all four sides.
14. Move the resident closer to you.
*15. Drape the resident with the top sheet or a bath blanket.
*16. Remove the resident's gown.
*17. Fill the bath basin halfway with warm water.
18. Put the bath basin on the bedside table.
19. Move the bedside table near you.
*20. Wash and dry the resident's face.
21. Wash the resident's shoulder, underarm, and arm.
    a. Put a towel under one of the resident's arms.
    b. Put your palm under the resident's elbow to support her arm.
    c. Make sure to wash inside any skin folds.
22. Dry the resident's shoulder, underarm, and arm.
*23. Check the resident's bony prominences and friction areas for redness and irritation.
24. Wash the resident's hand.
    a. Wash between the fingers
    b. Soak the resident's hand in the bath basin for a short time.
25. Dry the resident's hand.
26. Remove the towel from under the resident's arm.
27. Put a towel under the resident's other arm.
28. Wash resident's other shoulder, underarm, arm, and hand by repeating steps 21-26.
29. Fold the drape down to the resident's waist.

SUGGESTED NOTES	YOUR NOTES

30. Place a towel over the resident's chest.
*31. Wash the resident's neck, chest, and abdomen.
32. Dry the resident's neck, chest, and abdomen.
*33. Check the resident's bony prominences and friction areas for redness and irritation.
34. Re-cover the resident with the drape.
35. Remove the towel from the resident's chest.
36. Empty the bath basin.
37. Rinse the bath basin.
38. Refill the basin halfway with warm water.
39. Put the bath basin on the bedside table.
*40. Get a clean washcloth.
41. Uncover one of the resident's legs.
42. Wash the resident's leg and foot.
    a. Place a towel under her leg and foot.
    b. Place your hand underneath her knee.
    c. Bend the resident's knee.
    d. Make sure to wash between the resident's toes and inside any skin folds.
    e. Soak the foot in the bath basin for a short time.
43. Dry the resident's leg and foot.
*44. Check the resident's bony prominences and friction areas for redness and irritation.
45. Remove the towel from under her leg and foot.
46. Re-cover the resident's leg and foot.
47. Uncover the resident's other leg and foot.
48. Wash resident's other leg and foot by repeating steps 41-46.
*49. Get a clean washcloth.
50. Wash the back of the resident's neck, her back, and her buttocks.
    *a. Turn the resident onto her side facing away from you.
    b. Put a towel on the bottom sheet next to the resident.
51. Dry the back of the resident's neck, her back, and her buttocks.
*52. Check the resident's bony prominences and friction areas for redness and irritation.
*53. Give the resident a backrub.
54. Remove the towel.

SUGGESTED NOTES	YOUR NOTES

55. Help the resident turn onto her back.
56. Help the resident wash her genital area.
*57. Give perineal care if the resident has bowel and bladder control problems.
58. Help the resident rinse her genital area.
59. Help the resident dry her genital area.
*60. Change the bed linen.
*61. Perform the other tasks of A.M. care.
62. Raise the side rail.
63. Lower the bed.
64. Attend to the resident's comfort and safety.
65. Put the call light within the resident's reach.
66. Thank the resident for her cooperation.
67. Empty the bath basin.
68. Rinse the bath basin.
69. Store the reusable equipment.
70. Wipe off the bedside table.
*71. Remove the soiled linen from the resident's room.
72. Wash your hands.
73. Report anything unusual to the charge nurse.

***Key Points**

7. Review the duty "Assisting with Urine Elimination," if necessary.

8. If your facility has hi-lo beds, raising the bed will make this task easier to perform and will reduce the possibility that you will strain your back. Review the task: "Adjust a gatch-frame bed," if necessary.

9. Review the task: "Adjust a gatch-frame bed," if necessary.

15. Review the task "Drape a resident with a bath blanket or sheet," if necessary.

16. Review the task "Change a resident's gown," if necessary.

17. Ask the resident to test the water temperature; adjust it, if necessary.

SUGGESTED NOTES YOUR NOTES

20. Review the task: "Wash a resident's face and hands," if necessary.

23. Review the duty: "Administering Special Skin
33. Care to residents," if necessary.
44.&
52\.

31. Pick up one corner of the towel in order to wash the resident's chest and abdomen. The towel will help prevent the resident from becoming chilled and will also preserve her privacy.

40.& Lay the soiled washcloth aside on the
49. resident's bedside table.

50a. Review the task: "Move a resident into the lateral and Sim's position," if necessary.

53. Review the task: "Give a backrub," if necessary.

57. Review the task: "Give perineal care," if necessary.

60. Review the task: "Make an occupied bed," if necessary.

61. Review the task: "Assist a resident with A.M. care," if necessary.

71. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Bathing Residents
Task: Give a complete bed bath to a resident.

Directions: Practice this task on your own. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers equipment			
3. Identifies resident			
4. Greets resident			
5. Explains task to resident			
6. Provides for resident's privacy			
7. Assists resident with her elimination needs			
8. Raises bed			
9. Adjusts bed to the flattest position the resident can tolerate			
10. Removes bedspread from bed			
11. Places bedspread on chair			
12. Lowers side rail			
13. Loosens top bedding			
14. Moves resident nearer			
15. Drapes resident with top sheet or bath blanket			
16. Removes resident's gown			
17. Fills bath basin halfway			
18. Puts bath basin on bedside table			

	S	U	N/A
19. Moves bedside table nearer			
20. Washes and dries resident's face			
21. Washes resident's shoulder. underarm, and arm			
22. Dries resident's shoulder, underarm, and arm			
23. Checks resident's body prominences			
24. Washes resident's hand			
25. Dries resident's hand			
26. Removes towel from under resident's arm			
27. Puts towel under resident's other arm			
28. Washes resident's other shoulder, underarm, arm, and hand			
29. Folds drape to resident's waist			
30. Places towel over resident's chest			
31. Washes resident's neck, chest, and abdomen			
32. Dries resident's neck, chest, and abdomen			
33. Checks resident's bony prominences			
34. Re-covers resident with drape			
35. Removes towel from resident's chest			
36. Empties bath basin			
37. Rinses bath basin			
38. Refills bath basin halfway			
39. Puts bath basin on bedside table			
40. Gets clean washcloth			
41. Uncovers one of resident's legs			

	S	U	N/A
42. Washes resident's leg and foot			
43. Dries resident's leg and foot			
44. Checks resident's bony prominences			
45. Removes towel from under leg and foot			
46. Re-covers resident's leg and foot			
47. Uncovers resident's other leg and foot			
48. Washes resident's other leg and foot			
49. Gets clean washcloth			
50. Washes the back of the resident's neck, her back, and buttocks			
51. Dries the back of the resident's neck, her back and buttocks			
52. Checks resident's bony prominences			
53. Gives resident a backrub			
54. Removes towel			
55. Helps resident turn onto her back			
56. Helps resident wash her genital area			
57. Gives perineal care			
58. Helps resident rinse her genital area			
59. Helps resident dry her genital area			
60. Changes bed linens			
61. Performs tasks of A.M. care			
62. Raises side rail			
63. Lowers bed			
64. Attends to resident's comfort and safety			
65. Puts call light within resident's reach			

	S	U	N/A
66. Thanks resident for cooperating	___	___	___
67. Empties bath basin	___	___	___
68. Rinses bath basin	___	___	___
69. Stores reusable equipment	___	___	___
70. Wipes off bedside table	___	___	___
71. Removes soiled linen	___	___	___
72. Washes hands	___	___	___
73. Reports anything unusual to charge nurse	___	___	___

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Introduction

Assising with Oral Hygiene

Residents in long-term care facilities should brush their teeth twice a day: once in the morning and once in the evening. They may also brush more frequently if they are able to do so. Some residents will be unable to brush their teeth themselves and will require that you do it for them. These residents include those who are unconscious, feverish, unable to take fluids orally, receiving oxygen (the oxygen dries the mouth and nasal passages), or able to breathe only through their mouths. Using mouthwash or mouth swabs will refresh the resident's mouth but will not provide adequate oral care; these activities should not be viewed as a substitute for tooth brushing. Many residents wear dentures; these must also be kept clean if the resident is to enjoy good oral health.

When you brush the teeth of an unconscious or dependent resident, use a small (junior size), soft bristle brush. This helps prevent injury to the resident's mouth. Before actually brushing the resident's teeth, stimulate the gums with a dry brush. Using circular motions, massage the gum line (the area where the teeth and gums meet), and brush the outer surface, inner surface, and chewing surface of the teeth. When you are finished, use toothpaste and brush again. Brush the upper teeth first because brushing the lower teeth produces more saliva.

Be sure to observe all residents for any signs of oral disease or injury. Watch for mouth sores, redness of the gums, bleeding, dry tongue, loose or broken teeth, and a change in mouth odor. Report any of these problems to the charge nurse.

Duty: Assisting with Oral Hygiene

Definitions of Key Terms

dentures—False teeth.

emesis basin—A small, curved pan found at in the resident's bedside table. It is used to help bedridden residents brush their teeth and for other purposes.

oral hygiene—Care given to the mouth, teeth and gums to keep them clean and free from odor.

Duty: Assisting with Oral Hygiene

List of Equipment and Supplies

denture cleanser
denture cup
disposable cups
emesis basin
graduated medicine cups
lemon swab/toothettes
mouthwash
over-the-bed table
paper towels
toothbrush
toothpaste
towels
wash cloths

Duty: Assisting with Oral Hygiene

Task: Assist a resident with tooth-brushing.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following tasks:
- Wash hands using medical asepsis
- Handle clean and dirty linen
- Adjust a gatch-frame bed
- Move a resident into the Fowler's position

Performance Objective

Help a resident brush his or her teeth. The teeth and tongue must be clean.

Key Terms

emesis basin

Equipment and Supplies

- emesis basin
- glass of water
- over-the-bed table
- resident's toothbrush
- resident's toothpaste
- towels
- washcloth

Audiovisuals and Resources

A Senior Smile [Filmstrip] Indianapolis, IN: Indiana State Board of Health.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Place the equipment on the over-the-bed table.
4. Identify the resident.
5. Greet the resident.
6. Explain the task to the resident.
7. Provide for the resident's privacy.

*8. Move the resident into the Fowler's position.

9. Lower the side rail.
10. Drape a towel over the resident's chest.
11. Put toothpaste on the toothbrush.
12. Hand the toothbrush to the resident.
13. Help the resident brush her teeth, if necessary.
14. Hold the emesis basin under the resident's chin so that she can spit out the toothpaste.
15. Give the resident a glass of water so that she can rinse the toothpaste from her mouth.
16. Hold the emesis basin under the resident's chin so that she can spit out the water.
17. Hand a wet washcloth to the resident so that she can wipe her mouth and chin.
18. Hand the resident a towel so that she can dry off her mouth and chin.
19. Remove the emesis basin.
20. Remove the towel from the resident's chest.
21. Adjust the bed if the resident desires you to do so.
22. Raise the side rail.
23. Take the emesis basin and toothbrush to the resident's bathroom.
24. Rinse the toothbrush.

*25. Store the toothbrush and toothpaste in the bedside table.

26. Rinse the emesis basin.
27. Dry the emesis basin with clean paper towels.
28. Store the emesis basis in the bedside table.
29. Put the call light within the resident's reach.
30. Attend to the resident's comfort and safety.
31. Thank the resident for her cooperation.

*32. Remove the soiled towels from the room.
33. Wash your hands.
34. Record the activity on the resident's Daily Care Sheet.

***Key Points**

8. Review the tasks: "Adjust a gatch-frame bed" and "Move a resident into the Fowler's position," if necessary.

25. The toothbrush should be covered and stored according to the policy of your facility.

32. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Oral Hygiene
Task: Assist a resident with tooth-brushing.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers equipment			
3. Places equipment on over-the-bed table			
4. Identifies resident			
5. Greets resident			
6. Explains task to the resident			
7. Provides for resident's privacy			
8. Moves resident into the Fowler's position			
9. Lowers side rail			
10. Drapes towel over resident's chest			
11. Puts toothpaste on toothbrush			
12. Hands toothbrush to resident			
13. Helps the resident brush her teeth			
14. Holds emesis basin under resident's chin			
15. Gives resident glass of water for rinsing			
16. Holds emesis basin under resident's chin			
17. Hands wet washcloth to resident			
18. Hands towel to resident			
19. Removes the emesis basin			

	S	U	N/A
20. Removes towel from resident's chest	___	___	___
21. Adjusts bed	___	___	___
22. Raises side rail	___	___	___
23. Takes emesis basin and toothbrush to bathroom	___	___	___
24. Rinses toothbrush	___	___	___
25. Stores toothbrush and toothpaste	___	___	___
26. Rinses emesis basin	___	___	___
27. Dries emesis basin	___	___	___
28. Stores emesis basin	___	___	___
29. Puts call light within resident's reach	___	___	___
30. Attends to resident's comfort and safety	___	___	___
31. Thanks resident for cooperating	___	___	___
32. Removes soiled towels	___	___	___
33. Washes hands	___	___	___
34. Records activity on Daily Care Sheet	___	___	___

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Assisting with Oral Hygiene

Task: Brush a resident's teeth.

SUGGESTED NOTES YOUR NOTES

Prerequisites

- Ability to apply the information provided in:
  - Working with Residents of Long-Term Care Facilities
- Satisfactory demonstration of the following tasks:
  - Wash hands using medical asepsis
  - Handle clean and dirty linen
  - Adjust a gatch-frame bed
  - Move a resident into the Fowler's position

Performance Objective

Brush a resident's teeth. The teeth must be clean and the lips and inside of the resident's mouth must be moistened and odor-free.

Key Terms

- aspirate
- emesis basin
- lemon swabs
- mucous membranes
- toothettes

Equipment and Supplies

- emesis basin
- glass of water
- lemon swab
- over-the-bed table
- resident's toothbrush
- toothettes
- toothpaste
- towel
- washcloth

Audiovisuals and Resources

Oral hygiene (Filmstrip/cassette: No. 269). Garden Grove, CA: Trainex.

SUGGESTED NOTES | YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Place the equipment on the over-the-bed table.
4. Identify the resident.
5. Greet the resident.
6. Explain the task to the resident.
7. Provide for the resident's privacy.

*8. Move the resident into the Fowler's position.

9. Wash your hands.
10. Lower the side rail.
11. Place a towel under the resident's head to protect the pillow.
12. Put a towel over the resident's chest.
13. Turn the resident's head toward you, if possible.
14. Place the emesis basin next to the resident and under her chin.

*15. Put a small amount of toothpaste on the toothbrush.

*16. Ask the resident to open her mouth.

17. Brush the resident's top teeth using downward strokes.
    a. Brush the inner surface.
    b. Brush the outer surface.
    c. Brush the chewing surface.
18. Dip the toothbrush into a glass of water to rinse it.
19. Use the wet toothbrush to brush away the toothpaste.
20. Brush the resident's bottom teeth using upward strokes.
    a. Brush the inner surface.
    b. Brush the outer surface.
    c. Brush the chewing surface.
21. Repeat steps 18 and 19.
22. Wipe the resident's mouth and chin with a washcloth.
23. Wipe the resident's mouth and lips with a lemon swab.
    a. Take the swab out of the package.
    b. Wipe all the surfaces in the resident's mouth to moisten the mucous membrane.
    c. Wipe the resident's lips to moisten them.

SUGGESTED NOTES YOUR NOTES

24. Throw the used swabs into the waste basket.
25. Remove the towel from under the resident's head.
26. Remove the towel from over the resident's chest.
27. Position the resident's bed so that she is comfortable.
28. Raise the side rail.
29. Take the emesis basin and toothbrush to the resident's bathroom.
30. Rinse the toothbrush.
*31. Store the toothbrush.
32. Rinse the emesis basin.
33. Dry the emesis basin with clean paper towels.
34. Store the reusable equipment.
35. Put the call light within the resident's reach.
36. Attend to the resident's comfort and safety.
37. Thank the resident for her cooperation.
*38. Remove the soiled towels from the room.
39. Wash your hands.
40. Record the activity on the resident's Daily Care Sheet.

***Key Points**

8. Review the tasks: "Adjust a gatch-frame bed" and "Move a resident into the Fowler's position," if necessary.

15. A small soft-bristle brush is best because it is easier to use without injuring the resident's gums and mouth.

16. If the resident is unable to open her mouth by herself, hold the resident's mouth open by pressing gently on her chin.

31. The toothbrush should be covered and stored according to the policy of your facility.

38. Review the task: "Handle clean and dirty linen," if necessary.

SUGGESTED NOTES	YOUR NOTES

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Oral Hygiene
Task: Brush a resident's teeth.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands	___	___	___
2. Gathers equipment	___	___	___
3. Places equipment on over-the-bed table	___	___	___
4. Identifies resident	___	___	___
5. Greets resident	___	___	___
6. Explains task to resident	___	___	___
7. Provides for resident's privacy	___	___	___
8. Moves resident into Fowler's position	___	___	___
9. Washes hands	___	___	___
10. Lowers side rail	___	___	___
11. Places towel under resident's head	___	___	___
12. Places towel across resident's chest	___	___	___
13. Turns resident's head	___	___	___
14. Places emesis basin next to resident's head under her chin	___	___	___
15. Puts small amount of toothpaste on toothbrush	___	___	___
16. Asks resident to open her mouth	___	___	___
17. Brushes resident's top teeth using downward strokes	___	___	___
18. Rinses toothbrush	___	___	___

	S	U	N/A
19. Rinses resident's mouth with wet toothbrush	___	___	___
20. Brushes resident's bottom teeth using upward strokes	___	___	___
21. Repeats steps 18 and 19	___	___	___
22. Wipes resident's chin	___	___	___
23. Wipes mouth and lips with lemon swab	___	___	___
24. Throws used swabs away	___	___	___
25. Removes towel from under resident's head	___	___	___
26. Removes towel from resident's chest	___	___	___
27. Positions bed so that resident is comfortable	___	___	___
28. Raises side rail	___	___	___
29. Takes emesis basin and toothbrush to bathroom	___	___	___
30. Rinses toothbrush	___	___	___
31. Stores toothbrush	___	___	___
32. Rinses emesis basin	___	___	___
33. Dries emesis basin	___	___	___
34. Stores reusable equipment	___	___	___
35. Puts call light within resident's reach	___	___	___
36. Attends to resident's comfort and safety	___	___	___
37. Thanks resident for cooperating	___	___	___
38. Removes soiled towels	___	___	___

	S	U	N/A
39. Washes hands	___	___	___
40. Records activity on Daily Care Sheet	___	___	___

Comments:____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Assisting with Oral Hygiene

Task: Clean a resident's dentures.

SUGGESTED NOTES	YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Handle clean and dirty linen
  Administer a mouthwash

Performance Objective

Brush a resident's dentures. The dentures must be free of food build-up and stains.

Key Terms

dentures
oral hygiene
partial plate

Equipment and Supplies

denture cleanser
labeled denture cup
paper towels
toothbrush
toothpaste
washcloth

Audiovisuals and Resources

Will, C. A. & Eighmy, J. B. (1983). Being a long-term care nursing assistant. Bowie, MD: Robert J. Brady.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
   a. Check the denture cup for the patient's label.
   b. Place a label on the cup, if necessary.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.
7. Spread a towel over the resident's chest.
8. Help the resident remove his dentures.
   a. Remove the upper dental plate first.
   b. Gently press on the dentures to break the suction.
9. Place the dentures in the denture cup.
10. Take the dentures to the sink.
*11. Line the sink with a washcloth or several paper towels.
12. Put toothpaste or denture cleanser on the resident's toothbrush.
13. Hold the dentures in the palm of your hand.
14. Hold the toothbrush in the other hand.
15. Brush the dentures until they are clean.
   a. Brush the inner surface.
   b. Brush the outer surface.
   c. Brush the chewing surface.
16. Rinse dentures thoroughly under cool running water.
17. Fill the denture cup with clean, cool water.
18. Place the dentures back in the cup.
19. Remove the washcloth or paper towels from the sink.
20. Drain the water from the sink.
21. Wash your hands.
*22. Help the resident with a mouthwash/rinse.
*23. Ask the resident to put in his dentures.
*24. Leave the labeled denture cup where resident can reach it.
25. Remove the towel from across the resident's chest.
26. Rinse the toothbrush.
*27. Store the toothbrush.

SUGGESTED NOTES	YOUR NOTES

28. Store the reusable equipment.
29. Put the call light within the resident's reach.
30. Attend to the resident's comfort and safety.
31. Thank the resident for his cooperation.
*32. Remove the soiled towels from the room.
33. Wash your hands.
34. Record the activity on the resident's Daily Care Sheet.

***Key Points**

11. This will prevent the dentures from breaking if you drop them.

22. Review the task: "Administer a mouthwash," if necessary.

23. Put in the upper plates in first.

24. When the resident's dentures are out of his mouth, they should be stored in water.

27. The toothbrush should be covered and stored according to the policy of your facility.

32. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Oral Hygiene
Task: Clean a resident's dentures.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers equipment			
3. Identifies resident			
4. Greets resident			
5. Explains task to the resident			
6. Provides for resident's privacy			
7. Spreads towel over resident's chest			
8. Helps resident remove dentures			
9. Places dentures in denture cup			
10. Takes dentures to sink			
11. Lines sink with washcloth or paper towels			
12. Applies toothpaste or cleanser to toothbrush			
13. Holds dentures in palm of hand			
14. Holds toothbrush in other hand			
15. Brushes dentures			
16. Rinses dentures under cool water			
17. Fills denture cup with clean water			
18. Places dentures in cup			

	S	U	N/A
19. Removes washcloth or paper towels from sink			
20. Drains sink			
21. Washes hands			
22. Helps resident with mouthwash/rinse			
23. Asks resident to replace dentures			
24. Leaves denture cup within resident's reach			
25. Removes towel from resident's chest			
26. Rinses toothbrush			
27. Stores toothbrush			
28. Stores reusable equipment			
29. Puts call light within resident's reach			
30. Attends to resident's comfort and safety			
31. Thanks resident for cooperating			
32. Removes soiled towels			
33. Washes hands			
34. Records activity on Daily Care Sheet			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Assisting with Oral Hygiene

Task: Administer a mouthwash.

SUGGESTED NOTES	YOUR NOTES

Prerequisites

Ability to apply the information provided in:

Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following tasks:

- Wash hands using medical asepsis
- Handle clean and dirty linen
- Adjust a gatch-frame bed
- Move a resident into the Fowler's position

Performance Objective

Assist a resident to use a mouthwash. The resident's mouth must be free from odor.

Key Terms

emesis basin

Equipment and Supplies

disposable cup
emesis basin
glass of water
graduated medicine cup
mouthwash
towels
washcloth

Audiovisuals and Resources

Transparency:
Graduated Medicine Cup

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Move the resident into the Fowler's position.

8. Lower the side rail.
9. Drape a towel over the resident's chest.
10. Pour one ounce of mouthwash into a graduated medicine cup.
11. Pour the mouthwash into a paper cup.
12. Dilute the mouthwash with water.
13. Dispose of the graduated medicine cup.
14. Give the paper cup containing the mouthwash to the resident.
15. Ask the resident to swish the mouthwash around in his mouth.
16. Ask the resident to hold the emesis basin under his chin.
17. Ask the resident to spit the mouthwash into the basin.
18. Give the resident a glass of water.
19. Ask the resident to rinse his mouth.
20. Repeat steps 15-19.
21. Give the resident a wet washcloth to wipe his mouth, chin, and hands.
22. Give the resident a dry towel.
23. Remove the towel from the resident's chest.
24. Raise the side rail.
25. Put the call light within the resident's reach.
26. Attend to the resident's comfort and safety.
27. Thank the resident for his cooperation.
28. Take the emesis basin and the disposable cup to the resident's bathroom.
29. Rinse the emesis basin.
30. Dry the emesis basin with clean paper towels.
31. Pour any excess mouthwash from the paper cup into the sink.
32. Dispose of the cup.
33. Store the reusable equipment.

SUGGESTED NOTES	YOUR NOTES

*34. Remove the soiled linen from the room.
35. Wash your hands.
36. Record the activity on the resident's Daily Care Sheet.

***Key Points**

7. Review the tasks: "Adjust a gatch-frame bed" and "Move a resident into the Fowler's position," if necessary.

34. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Oral Hygiene
Task: Administer a mouthwash.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands	___	___	___
2. Gathers equipment	___	___	___
3. Identifies resident	___	___	___
4. Greets resident	___	___	___
5. Explains task to resident	___	___	___
6. Provides for resident's privacy	___	___	___
7. Moves resident into the Fowler's position	___	___	___
8. Lowers side rail	___	___	___
9. Drapes towel over resident's chest	___	___	___
10. Pours one ounce of mouthwash into graduated medicine cup	___	___	___
11. Pours mouthwash into paper cup	___	___	___
12. Dilutes mouthwash	___	___	___
13. Disposes of graduated medicine cup	___	___	___
14. Gives paper cup containing mouthwash to resident	___	___	___
15. Asks resident to swish mouthwash in mouth	___	___	___
16. Asks resident to hold emesis basin under chin	___	___	___
17. Asks resident to spit into basin	___	___	___
18. Gives resident a glass of water	___	___	___

	S	U	N/A
19. Asks resident to rinse mouth			
20. Repeats steps 15-19			
21. Gives resident wet washcloth to wipe chin, mouth, and hands			
22. Gives resident dry towel			
23. Removes towel from resident's chest			
24. Raises side rail			
25. Puts call light within resident's reach			
26. Attends to resident's comfort and safety			
27. Thanks resident for cooperating			
28. Takes emesis basin and disposable cup to bathroom			
29. Rinses the emesis basin			
30. Dries emesis basin			
31. Pours out excess mouthwash from paper cup			
32. Disposes of cup			
33. Stores reusuable equipment			
34. Removes soiled towels			
35. Washes hands			
36. Records activity on resident's Daily Care Sheet			

Comments: ____

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Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Introduction

Assisting with Hair and Nail Care

Like most people, residents of long-term care facilities feel better when they are confident that their personal appearance is pleasant to others. Many residents, however, will have reached a stage when the amount of personal grooming they can do is limited because of their age and lack of mobility. They may feel embarrassed about asking for help with personal grooming or guilty about taking up a nursing assistant's time with such seemingly unimportant matters. You should encourage the resident to keep up his or her appearance and to do as much for himself as possible, offering assistance only when necessary. Don't rush a resident through grooming procedures; let him perform tasks for himself, even if they are done slowly. Retaining their independence is important to residents if they are to maintain a sense of well-being and pride.

Use a comb and brush, whichever the resident prefers, to arrange his or her hair into a neat and attractive style every day. Find out how the resident normally does her hair and fashion it accordingly.

Shampoo residents' hair on a regular basis. Many facilities have a schedule that indicates how often the residents' hair should be washed; of course it may be washed more often than the schedule indicates, if necessary. Some residents will make regular visits to a beauty salon or barber shop for hair cuts, sets, or permanent waves. If you shampoo a resident's hair, wash it thoroughly, rinse it well, and try to keep any soap from getting in the resident's eyes. During the shampoo, it is also important to keep the resident warm by not allowing water to run down her neck or shoulders.

Fingernails and toenails should be kept neatly groomed. They should be clean, short, and free of rough edges. Check the policy of your facility about trimming nails. Often only the charge nurse or a doctor trims nails because of possible injuries to the residents, especially in the case of diabetics. Baths provide a good opportunity for checking nails and either trimming them or letting the charge nurse know that trimming is needed.

When you help a resident with hair and nail care, you can encourage him or her to use toiletries such as deodorant, cologne, and makeup. Assist the residents as necessary. Using such personal care items may lift a resident's spirits.

You may be asked to help male residents with their morning shaves. Check the facility's policy about using electric and safety razors; electric razors cannot be used on a resident who is receiving oxygen because of a possible fire hazard. Encourage residents to do as much for themselves as possible, helping only when necessary. When you are finished shaving the resident, apply any shaving toiletries he requests.

Duty: Assisting with Hair and Nail Care

Definitions of Key Terms

cyanosis—A blue or gray skin color that indicates a lack of oxygen.

cuticle—Hardened skin surrounding the bottom and sides of a fingernail or toenail.

electric razor—An electric appliance that uses vibrating or rotating cutters to trim facial or body hair.

emery board—A small, stiff board coated with sandpaper that is used for manicuring nails.

hangnails—Cracked or torn skin at the base of the nail.

ingrowth—Usually refers to a nail that is growing into the surrounding skin.

lather—Foam made by mixing soap and water.

orange stick—A small, pointed stick used to push the cuticle back from nails.

safety razor—A razor with a removable blade that is fitted with a guard and is set at an angle to protect the skin from cuts. Safety razors can be disposable or reusable.

shaving lotion—Lubrication applied to the beard to make it easier to shave with an electric razor.

shower chair—A small chair on wheels that is used to take residents who cannot stand by themselves to the shower. Residents can remain in the chair during the shower.

skin bracer—Lubrication used after shaving to help soothe the irritation caused by a razor.

Duty: Assisting with Hair and Nail Care

List of Equipment and Supplies

bath basin
comb
cotton
creme rinse or conditioner
electric razor
emery board
hand mirror
orange stick
safety razor
shampoo
shaving cream
shaving lotion
shower chair
skin bracer or after-shave lotion
soap
toiletries
towels
wash cloths

Duty: Assisting with Hair and Nail Care

Task: Comb a resident's hair.

SUGGESTED NOTES | YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following tasks:
- Wash hands using medical asepsis
- Handle clean and dirty linen
- Assist a resident to sit on the side of the bed
- Move a resident into the Fowler's position

Performance Objective

Comb a resident's hair. The resident's hair must be tangle-free and neatly styled.

Key Terms

Equipment and Supplies

comb
hand mirror
towel
personal toiletries, such as hairspray, hair nets, bobby pins, and barrettes

Audiovisuals and Resources

Wood, L. A. (Ed.). Nursing Skills for Allied Health Services (Vol. 1). Philadelphia: W. B. Saunders.

SUGGESTED NOTES | YOUR NOTES

Performance Steps

1. Gather the supplies.
2. Wash your hands.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Drape a towel around the resident's shoulders.

8. Remove any glasses or jewelry that might catch in the comb.

*9. Comb the resident's hair.
   a. Separate the hair into small sections and comb out section by section if the resident's hair is very thick or long. You may also first part the hair down the middle to make it easier to comb.
   b. Remove snarls and tangles by beginning at the bottom of the snarl and combing them out a little at a time.

10. Observe the overall condition of the resident's hair.

*11. Comb the resident's hair into the style she prefers.

12. Use toiletries as the resident requests.
13. Hand the resident a mirror.
14. Correct the resident's hairstyle if she requests you to do so.
15. Remove the towel.
16. Return the resident's glasses and jewelry to her.

*17. Clean the comb.

18. Store the hand mirror, comb, and toiletries.
19. Put the call light within the resident's reach
20. Attend to the resident's comfort and safety.
21. Thank the resident for her cooperation.

*22. Remove the soiled towel.

23. Wash your hands.
24. Report anything unusual to the charge nurse.

SUGGESTED NOTES YOUR NOTES

***Key Points**

7. If the resident is unable to sit up, move the resident into the Fowler's position and drape a towel around her shoulders. If the resident is able to sit on the side of the bed, help her to do so. Review the tasks: "Move a resident into the Fowler's position" and "Assist a resident to sit on the side of the bed," if necessary.

9. If a brush is preferred by the resident, use it instead of a comb.

11. If the resident has long hair, suggest braiding it to help keep the hair from tangling.

17. Follow the cleaning policy of your facility.

22. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment
1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Hair and Nail Care
Task: Comb a resident's hair.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Gathers supplies			
2. Washes hands			
3. Identifies resident			
4. Greets resident			
5. Explains task to resident			
6. Provides for resident's privacy			
7. Drapes towel around resident's shoulders			
8. Removes glasses and jewelry			
9. Combs resident's hair			
10. Observes the overall condition of resident's scalp and hair			
11. Styles resident's hair			
12. Uses toiletries as resident requests			
13. Hands mirror to resident			
14. Corrects resident's hairstyle			
15. Removes towel			
16. Returns glasses and jewelry to resident			
17. Cleans comb			
18. Stores comb, mirror, and toiletries			
19. Puts call light within resident's reach			

	S	U	N/A
20. Attends to resident's comfort and safety	___	___	___
21. Thanks resident for cooperating	___	___	___
22. Removes soiled towel	___	___	___
23. Washes hands	___	___	___
24. Reports anything unusual to charge nurse	___	___	___

Comments: ____

____

Student's Signature: ____________________________

Instructor's Signature: ____________________________

Date: ____________________________

Duty: Assisting with Hair and Nail Care

Task: Wash a resident's hair.

SUGGESTED NOTES	YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following duties:
- Medical Asepsis and Cleaning
- Administering Special Skin Care to Residents

Satisfactory demonstration of the following tasks:
- Help a resident put on a robe and slippers
- Help a resident into a wheelchair or geriatric chair
- Transport a resident using a wheelchair
- Comb a resident's hair
- Assist a resident to take a shower

Performance Objective

Wash a resident's hair, making sure that the shampoo does not get into the resident's eyes and ears. The resident's hair must be left clean and completely rinsed.

Key Terms

shower chair

Equipment and Supplies

comb
cotton
cream rinse or conditioner
shampoo
shower chair
towels

Audiovisuals and Resources

Schniedman, R. B., Lambert, S. M., & Wander, B. R. (1982). Being a nursing assistant (3rd ed.). Bowie, MD: Robert J. Brady.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Gather the supplies.
2. Wash your hands.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Prepare the resident to take a shower.
*8. Help the resident into the shower room.
*9. Turn on the water.
*10. Place cotton in the resident's ears, if she desires you to do so.

11. Give the resident a washcloth to hold over her eyes while you wash her hair if the resident wishes to use one.
12. Remove the resident's robe and slippers.

*13. Wet the resident's hair.

14. Put a small amount of shampoo into the palm of your hand.

*15. Work the shampoo into the resident's hair and scalp.

16. Rinse the resident's hair thoroughly.
17. Repeat steps 16, 17, and 18, if necessary.
18. Use a cream rinse or conditioner if the resident desires you to do so.
    a. Massage the cream rinse or conditioner into the resident's hair.
    b. Rinse the resident's hair thoroughly.
19. Turn off the water.
20. Remove the cotton from the resident's ears, if you have used it.
21. Dry the neck and ears of the resident.
22. Towel-dry the resident's hair.
23. Wrap the resident's hair in a bath towel.

*24. Help the resident put on her robe and slippers.

SUGGESTED NOTES	YOUR NOTES

25. Help the resident return to her room.
26. Remove the towel from the resident's hair.
27. Use a hair dryer on the resident's hair, if necessary.
*28. Comb and style the resident's hair.
*29. Check the resident's bony prominences and friction areas for redness and irritation.
30. Help the resident dress.
31. Put the call light within the resident's reach.
32. Attend to the resident's comfort and safety.
33. Thank the resident for her cooperation.
34. Return to the shower room.
*35. Remove the soiled towels from the shower room.
*36. Clean the shower.
37. Store the reusable equipment.
38. Wash your hands.
39. Report anything unusual to the charge nurse.

***Key Points**

7. Review the task: "Assist a resident to take a shower," if necessary. Most ambulatory residents have their hair washed during regular shower care. If the resident does not want you to wash her hair because she has it washed and styled professionally, place a shower cap on her head to protect her hair during the shower.

8. If you are moving the resident to the shower room using a shower chair, review the task: "Transport a resident using a wheelchair," if necessary.

9. Ask the resident to test the water temperature; adjust it, if necessary.

10. The cotton will prevent water and shampoo from getting into the resident's ears.

SUGGESTED NOTES	YOUR NOTES

13. Put the edge of your palm along the resident's forehead to help prevent water from running onto his face. Be careful not to splash water into the resident's face, eyes, and ears.

15. Use your fingertips, not your nails, to work the shampoo into the resident's hair and scalp. Massage the scalp to increase the resident's circulation. Be very careful not to get shampoo into the resident's eyes and ears.

24. Review the task: "Help a resident put on a robe and slippers," if necessary.

28. Review the task: "Comb a resident's hair," if necessary.

29. Review the duty: "Administering Special Skin Care to Residents," if necessary.

35. & 36. Review the duty: "Medical Asepsis and Cleaning," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Hair and Nail Care
Task: Wash a resident's hair.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory   U = Unsatisfactory   N/A = Not Applicable

		S	U	N/A
1.	Gathers supplies	___	___	___
2.	Washes hands	___	___	___
3.	Identifies resident	___	___	___
4.	Greets resident	___	___	___
5.	Explains task to resident	___	___	___
6.	Provides for resident's privacy	___	___	___
7.	Prepares resident for a shower	___	___	___
8.	Takes resident to shower room	___	___	___
9.	Turns on water	___	___	___
10.	Places cotton in resident's ears	___	___	___
11.	Gives resident a washcloth to protect face	___	___	___
12.	Removes resident's robe and slippers	___	___	___
13.	Wets resident's hair	___	___	___
14.	Puts shampoo in palm of hand	___	___	___
15.	Works shampoo into resident's hair & scalp	___	___	___
16.	Rinses resident's hair	___	___	___
17.	Repeats steps 16, 17, and 18	___	___	___
18.	Uses cream rinse	___	___	___
19.	Turns off water	___	___	___

	S	U	N/A
20. Removes cotton from resident's ears	___	___	___
21. Dries resident's neck and ears	___	___	___
22. Towel-dries resident's hair	___	___	___
23. Wraps resident's hair in a bath towel	___	___	___
24. Helps resident put on her robe and slippers	___	___	___
25. Helps resident return to her room	___	___	___
26. Removes towel from resident's hair	___	___	___
27. Uses hair dryer	___	___	___
28. Combs resident's hair	___	___	___
29. Checks resident's bony prominences and friction areas	___	___	___
30. Helps resident dress	___	___	___
31. Puts call light within resident's reach	___	___	___
32. Attends to resident's comfort and safety	___	___	___
33. Thanks resident for cooperating	___	___	___
34. Returns to shower room	___	___	___
35. Removes soiled towels	___	___	___
36. Cleans shower	___	___	___
37. Stores reusable equipment	___	___	___

	S	U	N/A
38. Washes hands			
39. Reports anything unusual to charge nurse			

Comments:

Student's Signature:

Instructor's Signature:

Date:

Duty: Assisting with Hair and Nail Care

Task: Shave a resident's face with an electric razor.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following tasks:
- Wash hands using medical asepsis
- Move a resident into the Fowler's position
- Wash a resident's face and hands
- Handle clean and dirty linen

Performance Objective

Shave the resident's face using an electric razor. The resident's face must be clean-shaven and free from skin tears and razor burn.

Key Terms

electric razor
skin bracer

Equipment and Supplies

bath basin
electric razor
skin bracer
shaving lotion
towels
washcloth

Audiovisuals and Resources

SUGGESTED NOTES | YOUR NOTES

Performance Steps

1. Gather equipment.
2. Wash hands.
3. Identify resident.
4. Greet resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.
*7. Move the resident into the Fowler's position.
8. Lower the side rail.
9. Lay a towel over resident's chest and shoulders.
*10. Make sure the resident's dentures are in his mouth.
11. Give the resident a mirror if he would like to watch himself being shaved.
12. Apply a generous amount of shaving lotion to the resident's beard.
*13. Plug in the electric razor.
14. Turn the razor on.
*15. Shave the resident's face and neck.
    a. Hold the resident's skin taut with one hand.
    b. Hold the razor in the other hand and shave the resident using small circular motions. Shave in the direction in which the hair grows.
16. Turn the razor off.
17. Unplug the razor.
*18. Fill the bath basin halfway with warm water.
*19. Help the resident wash and dry his face.
20. Apply skin bracer or after-shave lotion if the resident desires you to do so.
21. Remove the towel from the resident's shoulders.
22. Put the call light within the resident's reach.
23. Attend to the resident's comfort and safety.
24. Thank the resident for his cooperation.
*25. Clean the razor.
26. Rinse the bath basin.
27. Store the reusable equipment.
*28. Dispose of dirty linen.
29. Wash your hands.
30. Report skin tears or anything unusual to the charge nurse.

SUGGESTED NOTES YOUR NOTES

***Key Points**

7. Review the task: "Move a resident into the Fowler's position," if necessary.

10. This will make it easier for you to shave the resident since the dentures will prevent the skin around the resident's mouth and chin from sagging.

13. Make sure you observe the safety rules of your facility when working with electrical appliances.

15. Do not shave the same area over and over in an attempt to get a closer shave. This can easily cause skin tears and razor burn.

18. Ask the resident to test the water temperature; adjust it, if necessary.

19. Review the task: "Wash a resident's face and hands," if necessary.

25. Electric razors have shaving heads that can be removed for cleaning. Detach the heads and wipe out the inside of the razor. Wipe off the heads before reattaching. Make sure the razor is unplugged before you clean it.

28. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Hair and Nail Care
Task: Shave a resident's face with an electric razor.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Gathers equipment			
2. Washes hands			
3. Identifies resident			
4. Greets resident			
5. Explains task to resident			
6. Provides for resident's privacy			
7. Moves resident into the Fowler's position			
8. Lowers side rail			
9. Lays towel across the resident's chest and shoulders			
10. Makes sure the resident's dentures are in his mouth			
11. Gives the resident a mirror			
12. Applies shaving lotion to resident's face and neck			
13. Plugs in razor			
14. Turns on razor			
15. Shaves resident's face and neck			
16. Turns off razor			
17. Unplugs razor			
18. Fills basin half full with warm water			
19. Helps resident wash and dry his face			

	S	U	N/A
20. Applies skin bracer or after-shave lotion			
21. Removes towel from resident's shoulders			
22. Puts call light within resident's reach			
23. Attends to resident's comfort and safety			
24. Thanks resident for cooperating			
25. Cleans razor			
26. Rinses bath basin			
27. Stores reusable equipment			
28. Disposes of dirty linen			
29. Washes hands			
30. Reports anything unusual to charge nurse			

Comments: ____

____

Student's Signature: ____________________________________

Instructor's Signature: _________________________________

Date: ____

Duty: Assisting with Hair and Nail Care

Task: Shave a resident's face with a safety razor.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following tasks:
- Wash hands using medical asepsis
- Move the resident into the Fowler's position
- Handle clean and dirty linen

Performance Objective

Shave the resident's face using a safety razor. The resident's face must be clean-shaven and free from skin tears and razor burn.

Key Terms

lather
razor burn
safety razor
skin tears

Equipment and Supplies

bath basin
safety razor
shaving cream
skin bracer or after-shave lotion
soap
towels
washcloth

Audiovisuals and Resources

Will, C. A. & Eighmy, J. B. (1983). *Being a long-term care nursing assistant*. Bowie, MD: Robert J. Brady.

SUGGESTED NOTES | YOUR NOTES

Performance Steps

1. Gather equipment.
2. Wash your hands.
3. Identify the resident.
4. Greet resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Move the resident into the Fowler's position.

*8. Fill a bath basin halfway with warm water.

9. Lower the side rail.
10. Lay a towel over resident's chest and shoulders.
11. Soak a second towel in the warm water.

*12. Make sure the resident's dentures are in his mouth.

13. Wring out the soaking towel.

*14. Place the towel over the resident's beard.

*15. Make sure the razor has a clean and smooth edge.

16. Remove the towel from the resident's face.
17. Give the resident a mirror if he would like to watch himself being shaved.
18. Lather the resident's beard.
    a. If the resident uses shaving cream, place a generous amount in the palm of one hand and use your other hand to smooth the cream into his beard.
    b. If the resident uses soap, wet the soap, work it into a lather, and smooth the lather into his beard.

*19. Shave the resident's face and neck.
    a. Hold the resident's skin taut with one hand.
    b. Begin at the sideburns and work downward over the resident's cheeks then continue carefully over the resident's chin.
    c. Shave the neck in long, smooth strokes; begin at the base and move toward the resident's chin.
    d. Shave in the direction in which the hair grows.
    e. Rinse the razor often in the bath basin.

20. Use a washcloth to rinse the resident's face thoroughly.

SUGGESTED NOTES YOUR NOTES

21. Apply skin bracer or after-shave lotion if the resident desires you to do so.
22. Remove the towel from the resident's shoulders.
23. Put the call light within the resident's reach.
24. Attend to the resident's comfort and safety.
25. Thank the resident for his cooperation.
*26. Dispose of dirty linen.
27. Rinse off the razor and the bath basin.
28. Store the reusable equipment.
29. Wash your hands.
30. Report skin tears or anything unusual to the charge nurse.

***Key Points**

7. Review the task: "Move a resident into the Fowler's position," if necessary.

8. Ask the resident to test the water temperature; adjust it, if necessary.

12. This will make it easier for you to shave the resident since the dentures will prevent the skin around the resident's mouth and chin from sagging.

14. Leave the wet towel over the resident's beard for about a minute. Soaking the beard softens it and makes it easier to shave.

15. Do not use a dull, chipped, or broken razor. If the dull razor is disposable, throw it away and get a new one; if it is reusable, change the blade before shaving the resident.

19. Do not shave the same area of skin over and over in an attempt to get a closer shave. This can easily cause skin tears and razor burn.

26. Review the task: "Handle clean and dirty linen," if necessary.

SUGGESTED NOTES YOUR NOTES

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Hair and Nail Care
Task: Shave a resident's face with a safety razor.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Gathers equipment			
2.	Washes hands			
3.	Identifies resident			
4.	Greets resident			
5.	Explains task to resident			
6.	Provides for resident's privacy			
7.	Moves the resident into the Fowler's position			
8.	Fills bath basin half full with warm water			
9.	Lowers side rail			
10.	Lays towel over resident's chest and shoulders			
11.	Soaks a second towel			
12.	Makes sure resident is wearing his dentures			
13.	Wrings out towel			
14.	Places wet towel over resident's beard			
15.	Checks razor			
16.	Removes towel			
17.	Gives resident a mirror			
18.	Lathers resident's beard			

	S	U	N/A
19. Shaves resident's face			
20. Rinses resident's face			
21. Applies skin bracer or after-shave lotion			
22. Removes the towel from the resident's shoulders			
23. Puts call light within resident's reach			
24. Attends to resident's comfort and safety			
25. Thanks resident for cooperating			
26. Disposes of dirty linen			
27. Rinses razor and bath basin			
28. Stores reusable equipment			
29. Washes hands			
30. Reports anything unusual to the charge nurse			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Assisting with Hair and Nail Care

Task: Give a resident a manicure and pedicure.

SUGGESTED NOTES | YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Handle clean and dirty linen
Ability to:
  use an orange stick
  use an emery board

Performance Objective

Give the resident a manicure and pedicure. The nails must be clean and should not have rough edges. The skin around the nails should not be broken or irritated.

Key Terms

cuticle
cyanosis
emery board
hangnails
ingrowing
orange stick

Equipment and Supplies

basin
emery board
manicure
orange stick
pedicure
skin lotion
towels

Audiovisuals and Resources

Will, C. A. & Eighmy, J. B. (1983). Being a long-term care nursing assistant. Bowie, MD: Robert J. Brady.

Performance Steps

1. Gather the equipment.
2. Wash your hands.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Place a towel on the bed.
*8. Fill the basin halfway with warm water.
*9. Soak the resident's feet in the warm water for a few minutes.
   a. Help the resident to sit on the side of the bed if she is able to do so. Place the basin on a stool and place her feet in the basin.
   b. If the resident is bedridden, flex her knees, place the basin on the bed with a towel underneath it, and place her feet in the basin.

10. Push back the softened cuticles with an orange stick.
11. Gently clean under the resident's nails, using an orange stick.

*12. File off any rough edges of the nails using an emery board.

13. Dry the resident's feet with a towel.
14. Apply skin lotion.
15. Check the resident's nails for redness, cyanosis, hangnails, infection, or ingrowth.

*16. Soak the resident's hands for a few minutes in the warm water.

17. Give the resident a manicure, repeating steps 10 through 15.
18. Put the call light within the resident's reach.
19. Attend to the resident's comfort and safety.
20. Thank the resident for her cooperation.
21. Clean the reusable equipment.
22. Store the reusable equipment.

*23. Remove soiled towels from the room.

24. Wash your hands.
25. Report anything unusual to the charge nurse.

SUGGESTED NOTES YOUR NOTES

***Key Points**

7. Place the towel in such a way that it will protect the bedding from spills.

8. Ask the resident to test the water temperature; adjust it, if necessary.

9. & 16. Soaking the resident's hands and feet will soften the nails and make it easier for you to clean them.

12. When you file the fingernails and toenails of a diabetic resident, be careful not to tear or abrade the skin. Diabetics are especially susceptible to infection and gangrene. Never cut a resident's toenails.

23. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Hair and Nail Care
Task: Give a resident a manicure and pedicure.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Gathers equipment	___	___	___
2. Washes hands	___	___	___
3. Identifies resident	___	___	___
4. Greets resident	___	___	___
5. Explains task to resident	___	___	___
6. Provides for resident's privacy	___	___	___
7. Places towel on bed	___	___	___
8. Fills basin half full with warm water	___	___	___
9. Soaks resident's feet	___	___	___
10. Pushes back softened cuticles with orange stick	___	___	___
11. Cleans under nails with orange stick	___	___	___
12. Files resident's nails	___	___	___
13. Dries resident's feet with towel	___	___	___
14. Applies lotion	___	___	___
15. Checks for redness, cyanosis, hangnails, infection, or ingrowth	___	___	___
16. Soaks residents hands in the basin	___	___	___
17. Repeats steps 10 through 15	___	___	___

	S	U	N/A
18. Puts call light within resident's reach	___	___	___
19. Attends to resident's comfort and safety	___	___	___
20. Thanks resident for cooperating	___	___	___
21. Cleans equipment	___	___	___
22. Stores equipment	___	___	___
23. Removes soiled towels	___	___	___
24. Washes hands	___	___	___
25. Reports anything unusual to charge nurse	___	___	___

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Introduction

Dressing and Undressing Residents

Residents of long-term care facilities should be encouraged to dress in street clothes every day and to choose the clothes they want to wear as much as possible.

When dressing dependent residents, make sure their clothing is appropriate for the occasion and not dirty or torn. Because older people have slower circulation, they may need to wear heavy clothing even in warm weather. Try to remember that the resident's needs may be different from yours in this respect, and help the resident dress in a way that makes him or her feel comfortable.

An important rule to remember when dressing and undressing dependent residents is to clothe an affected area or extremity first and unclothe it last.

Duty: Dressing and Undressing Residents

Definitions of Key Terms

affected area or extremity--A area of the body or an extremity (arm or leg) that is sore or paralyzed. This area or extremity is always clothed first and unclothed last.

drape--A sheet or bath blanket that covers a resident and provides privacy during a change of clothing, a bath, or an examination, or the act of covering a resident with a sheet or bath blanket.

hourglass shape--Having wide top and bottom sections joined by a narrow center.

incontinence--Loss of bladder and bowel control.

incontinent brief--Garment used by residents who have lost bladder and bowel control to protect their clothes and bed linens.

unaffected area or extremity--An area of the body or an extremity (arm or leg) that can be freely moved without pain.

Duty: Dressing and Undressing Residents

List of Equipment and Supplies

- gown
- pants
- pullover garment
- robe
- slippers

Duty: Dressing and Undressing Residents

Task: Change a resident's gown.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duty:
  Administering Special Skin Care to Residents
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Handle clean and dirty linen
  Adjust a gatch-frame bed
  Move a resident into the supine position
  Move a resident into the lateral and Sim's position
  Cleanse an incontinent resident

Performance Objective

Change a soiled gown and replace it with a clean gown. Straighten the clean gown and fasten it properly. The resident's privacy must be protected. If the resident has an affected area, it must be clothed first.

Key Terms

affected area
unaffected area

Equipment and Supplies

clean gown

Audiovisuals and Resources

Wood, L. A. (Ed.). (n.d.). Nursing Skills for Allied Health Services (Vol. 1). Philadelphia: W. B. Saunders.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Get a clean gown.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Raise the bed to a comfortable working height.

8. Lower the side rail.
9. Unfasten the tapes of the gown the resident has on.
   *a. If the resident can be turned, help him move into the lateral position with his back toward you.
   b. If the resident cannot be turned, reach behind the resident's neck and waist to unfasten the tapes.
10. Loosen the soiled gown.
11. Remove the resident's arms from the gown.
12. Observe the resident's overall condition.
   *a. Check the resident for incontinence.
   *b. Check the resident's bony prominences and friction areas for redness and irritation.
   c. Look for changes in the resident's health.
13. Draw the top sheet up over the resident's chest.

*14. Remove the soiled gown from under the sheets.

15. Prepare the clean gown.
   a. Unfold the gown.
   b. Lay the gown on top of the sheet and over the resident's chest.

*16. Put the clean gown on the resident.
   a. Put the resident's arms through the arm holes and fasten the neck tapes of the clean gown.
   b. Pull the gown over the resident as you pull the top sheet down.

17. Straighten the gown and replace the top sheet.
18. Raise the side rail.
19. Put the call light within the resident's reach.
20. Attend to the resident's comfort and safety.
21. Thank the resident for his cooperation.

SUGGESTED NOTES YOUR NOTES

*22. Remove the soiled linen.
23. Wash your hands.
24. Report anything unusual to the charge nurse.

Key Points

7. Review the task: "Adjust a gatch-frame bed," if necessary.

9a. Review the task: "Move a resident into the lateral and Sim's position," if necessary.

12a. The resident must be clean before he gets dressed. Review the task: "Cleanse an incontinent resident," if necessary.

12b. Review the duty: "Administering Special Skin Care to Residents," if necessary.

14.& 16. Remember that an affected area should always be clothed first and unclothed last. This will make dressing and undressing the resident less painful for him and easier for you. Expose the resident as little as possible.

22. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Dressing and Undressing Residents
Task: Change a resident's gown.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory   U = Unsatisfactory   N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Obtains a clean gown			
3. Identifies resident			
4. Greets resident			
5. Explains task to resident			
6. Provides for resident's privacy			
7. Adjusts bed			
8. Lowers side rail			
9. Unfastens tapes of gown			
10. Loosens soiled gown			
11. Removes residents arms from gown			
12. Observes resident's overall condition			
13. Draws top sheet over resident's chest			
14. Removes soiled gown from under sheets			
15. Prepares clean gown			
16. Puts on clean gown			
17. Straightens gown and replaces top sheet			
18. Raises side rail			
19. Puts call light within the resident's reach			
20. Attends to resident's comfort and safety			

	S	U	N/A
21. Thanks resident for cooperating			
22. Removes soiled linen			
23. Washes hands			
24. Reports anything unusual to charge nurse			

Comments: ______________________________

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Dressing and Undressing Residents

Task: Help a resident put on a robe and slippers.

SUGGESTED NOTES	YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duty:
  Positioning and Moving Residents
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Assist a resident to sit on the side of the bed

Performance Objective

Help a resident put on a robe and slippers. Straighten the robe and fasten it properly. The slippers must be on the resident's feet correctly. If the resident has an affected area, it must be clothed first.

Key Terms

affected area
unaffected area

Equipment and Supplies

robe
slippers

Audiovisuals and Resources

Wood, L. A. (Ed.). (n.d.). Nursing Skills for Allied Health Services (Vol. 1). Philadelphia: W. B. Saunders.

Performance Steps

1. Wash your hands.
2. Identify the resident.
3. Greet the resident.
4. Explain the task to the resident.
5. Provide for the resident's privacy.
6. Remove the resident's slippers and robe from her closet.
7. Unfasten the robe.
8. Lower the side rail of the bed.

*9. Help the resident to sit on the side of the bed.

10. Put the robe behind the patient.

*11. Place the resident's arms into the sleeves of the robe one at a time.

12. Adjust and straighten the robe.
    a. Pull the collar of the robe up around the resident's shoulders and neck.
    b. Wrap the sides of the robe around the resident.
13. Fasten the robe.
14. Help the resident put on her slippers.
    a. Put her toes into each slipper.
    b. Slip the heel of each slipper over the heel of the resident's foot.
15. Put the call light within the resident's reach.
16. Attend to the resident's comfort and safety.
17. Thank the resident for her cooperation.
18. Wash your hands.

***Key Points**

9. Review the task: "Assist a resident to sit on the side of the bed," if necessary.

   If the resident is unable to sit on the side of the bed, you will have to dress the resident while she is lying down. Review the duty: "Positioning and Moving Residents," if necessary.

11. Remember that an affected area should always be clothed first and unclothed last. This will make dressing and undressing the resident less painful for her and easier for you.

SUGGESTED NOTES YOUR NOTES

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Dressing and Undressing Residents
Task: Help a resident put on a robe and slippers.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Identifies resident			
3. Greets resident			
4. Explains task to resident			
5. Provides for resident's privacy			
6. Removes slippers and robe from resident's closet			
7. Unfastens robe			
8. Lowers side rail			
9. Helps resident to sit on side of bed			
10. Puts robe behind resident			
11. Places resident's arms into the sleeves of the robe one at a time			
12. Adjusts and straightens robe			
13. Fastens robe			
14. Helps resident put on slippers			
15. Puts call light within resident's reach			
16. Attends to resident's comfort and safety			

	S	U	N/A
17. Thanks resident for cooperating	___	___	___
18. Washes hands	___	___	___

Comments:____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Dressing and Undressing Residents

Task: Help a resident put on pullover clothing.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following duty:
- Administering Special Skin Care to Residents

Satisfactory demonstration of the following tasks:
- Wash hands using medical asepsis
- Change a resident's gown
- Cleanse an incontinent resident
- Move a resident into the lateral and Sim's position
- Assist a resident to sit on the side of the bed
- Move a resident into the supine position
- Help a resident put on pants

Performance Objective

Help a resident put on and straighten a pullover garment. The resident's privacy must be preserved. If the resident has an affected area, it must be clothed first.

Key Terms

affected area
unaffected area

Equipment and Supplies

pullover garment

Audiovisuals and Resources

Wood, L. A. (Ed.). (n.d.). Nursing Skills for Allied Health Services (Vol. 1). Philadelphia: W. B. Saunders.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Identify the resident.
3. Greet the resident.
4. Explain the task to the resident.
5. Provide for the resident's privacy.
6. Choose an appropriate pullover garment from the resident's closet.
7. Unfasten the garment, if necessary.
8. Lower the side rail.

*9. Remove the resident's gown.

10. Look at the resident's overall condition.
    *a. Check the resident for incontinence.
    *b. Check the resident's bony prominences and friction areas for redness and irritation.
    c. Look for changes in the resident's health.

*11. Help the resident to sit on the side of the bed.

*12. Gather one sleeve of the garment in your hands and guide it over one of the resident's hands.

13. Gather the other sleeve and guide it over the resident's other hand.
14. Pull the sleeves up the resident's arms as far as possible.
15. Gather the back of the garment in your hands.
16. Raise the resident's arms.
17. Slide the neck opening gently over the resident's head.
18. Help the resident straighten her garment.
    a. If the resident is sitting, pull the garment down over her torso.
    *b. If the resident is lying down, gently roll her from side to side as you pull the garment down.
19. Fasten the garment, if necessary.

*20. Help the resident finish dressing.

21. Put the call light within the resident's reach.
22. Attend to the resident's comfort and safety.
23. Thank the resident for her cooperation.
24. Wash your hands.
25. Report anything unusual to the charge nurse.

SUGGESTED NOTES YOUR NOTES

***Key Points**

9. Review the task: "Change a resident's gown," if necessary.

10a. The resident must be clean before she gets dressed. Review the task: "Cleanse an incontinent resident," if necessary.

10b. Review the duty: "Administering Special Skin Care to Residents," if necessary.

11. Review the task: "Assist a resident to sit on the side of the bed," if necessary.

    If the resident is unable to sit up, move her into the supine position. Review the task: "Move the resident into the supine position," if necessary.

12. Remember that an affected area should always be clothed first and unclothed last. This will make dressing and undressing the resident less painful for her.

18b. Review the task: "Move the resident into the lateral and Sim's position," if necessary.

20. Review the task: "Help a resident put on pants," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Dressing and Undressing Residents
Task: Help a resident put on pullover clothing.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands			
2.	Identifies resident			
3.	Greets resident			
4.	Explains task to resident			
5.	Provides for resident's privacy			
6.	Chooses an appropriate pullover garment			
7.	Unfastens garment			
8.	Lowers side rail			
9.	Removes resident's gown			
10.	Looks at the resident's overall condition			
11.	Helps the resident sit on the side of bed or moves resident into the supine position			
12.	Gathers one sleeve of the garment and guides it over the resident's hand			
13.	Gathers other sleeve and guides it over the resident's other hand			
14.	Pulls sleeves up resident's arms as far as possible			
15.	Gathers back of garment			
16.	Raises resident's arms			
17.	Slides garment over resident's head			

	S	U	N/A
18. Helps resident straighten garment	___	___	___
19. Fastens garment	___	___	___
20. Helps resident finish dressing	___	___	___
21. Puts call light within resident's reach	___	___	___
22. Attends to resident's comfort and safety	___	___	___
23. Thanks resident for cooperating	___	___	___
24. Washes hands	___	___	___
25. Reports anything unusual to the charge nurse	___	___	___

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Dressing and Undressing Residents

Task: Help a resident put on pants.

SUGGESTED NOTES YOUR NOTES

Prerequisites

- Ability to apply the information provided in:
  - Working with Residents of Long-Term Care Facilities
- Satisfactory demonstration of the following duties:
  - Administering Special Skin Care to Residents
  - Dressing and Undressing Residents
- Satisfactory demonstration of the following tasks:
  - Cleanse an incontinent resident
  - Wash hands using medical asepsis
  - Move a resident into the lateral and Sim's position
  - Move a resident into the supine position
  - Change a resident's gown
  - Help a resident put on pullover clothing

Performance Objective

Help a resident put on pants. Straighten the garment and fasten it properly. The resident's privacy must be preserved. If the resident has an affected area, it must be clothed first.

Key Terms

affected area
unaffected area

Equipment and Supplies

pants

Audiovisuals and Resources

Wood, L. A. (Ed.). (n.d.) Nursing Skills for Allied Health Services (Vol. 1). Philadelphia: W. B. Saunders.

SUGGESTED NOTES | YOUR NOTES

Performance Steps

1. Wash your hands.
2. Identify the resident.
3. Greet the resident.
4. Explain the task to the resident.
5. Provide for the resident's privacy.
6. Choose an appropriate pair of pants from the resident's closet.
7. Unbutton and unzip the garment.
8. Lower the side rail.
*9. Move the resident into the supine position.
*10. Remove the resident's gown.
11. Look at the resident's overall condition.
    *a. Check the resident for incontinence.
    *b. Check the resident's bony prominences and friction areas for redness and irritation.
    c. Look for changes in the resident's health.
12. Gather one leg of the garment in your hands and guide it over the resident's foot.
*13. Pull the pant leg up the resident's leg as far as possible.
14. Repeat steps 12 and 13 with the other pant leg.
15. Pull the pants up to the resident's waist.
    a. Ask the resident to lift his hips while you pull the pants up.
    *b. If the resident cannot raise his hips, gently roll him from side to side as you pull the pants up.
16. Fasten the pants.
*17. Help the resident finish dressing.
18. Put the call light within the resident's reach.
19. Attend to the resident's comfort and safety.
20. Thank the resident for his cooperation.
21. Wash your hands.

SUGGESTED NOTES	YOUR NOTES

***Key Points**

9. Review the task: "Move the resident into the supine position," if necessary.

10. Review the task: "Change a resident's gown," if necessary.

11a. The resident must be clean before he gets dressed. Review the task: "Cleanse an incontinent resident," if necessary.

11b. Review the duty: "Administering Special Skin Care to Residents," if necessary.

13. Remember that an affected area should always be clothed first and unclothed last. This will make dressing and undressing the resident less painful for him and easier for you.

15b. Review the task: "Move the resident into the lateral and Sim's position," if necessary.

17. Review the other tasks in the duty: "Dressing and Undressing Residents," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Dressing and Undressing Residents
Task: Help a resident put on pants.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Identifies resident			
3. Greets resident			
4. Explains task to resident			
5. Provides for resident's privacy			
6. Chooses garment from closet			
7. Unbuttons and unzips garment			
8. Lowers side rail			
9. Moves resident into the supine position			
10. Removes resident's gown			
11. Looks at resident's overall condition			
12. Gathers one pant leg and guides it over the resident's foot			
13. Pulls pant leg up the resident's leg			
14. Repeats steps 12 and 13 with the other pant leg			
15. Pulls pants up to resident's waist			
16. Fastens pants			
17. Helps resident finish dressing			
18. Puts call light within resident's reach			
19. Attends to resident's comfort and safety			

	S	U	N/A
20. Thanks resident for cooperating	___	___	___
21. Washes hands	___	___	___

Comments:____

____

Student's Signature: ________________________________

Instructor's Signature: ________________________________

Date: ________________________________

Introduction

Assisting with Urine Elimination

Elimination of bodily wastes is a normal daily function. Residents of long-term care facilities frequently need assistance in performing this function, but they may have difficulty accepting the help they need. You can help residents to overcome their embarrassment by insuring their privacy at all times and by preserving their dignity. Respond to residents in an accepting and matter-of-fact manner when providing this kind of care.

Bedridden residents will probably use a bedpan for elimination. A regular bedpan is most commonly used, but if the resident is paralyzed or has had a recent fracture, a flatter piece of equipment, called a fracture pan, may be used. Female residents will use a bedpan for both bowel and bladder elimination while male residents will use a bedpan for bowel elimination and a urinal for bladder elimination.

It is important to practice good hygiene following elimination in order to prevent urinary-tract infections and the spread of disease-causing organisms. You can help residents practice good hygiene by:

- Reminding them to wipe themselves from front to back following urination and defecation.
- Helping them wash their perineal area thoroughly when they bathe.
- Making sure they wash their hands following elimination; provide bedridden residents with a washcloth and towel for this purpose.

Remember to provide good perineal care to residents who are incontinent. Check the residents' perineal area for irritation, redness, or skin breakdown and if a resident develops any of these problems, notify the charge nurse immediately.

Occasionally, a resident may require the use of an indwelling urinary catheter. This is a tube inserted into the bladder through the urethra. The charge nurse is responsible for inserting the catheter, but you may be required to empty the drainage bag and to observe the catheter for any problems. When attending to a resident with an indwelling catheter, remember that:

- The area around the catheter must be carefully cleaned each day.
- The urinary drainage bag must always be placed below the level of the resident's bladder. This will prevent the urine collected in the bag from going back into the resident's bladder and causing infection.
- The drainage system should not be disconnected unless absolutely necessary. Consult the charge nurse about this.
- The drainage bag and the tubing should never touch the floor.
- The catheter system must be checked to see that the tubing does not become twisted or plugged.
- The resident must be observed for decreased urinary output. If this occurs, notify the charge nurse.
- When providing catheter and perineal care, the resident must be observed for any signs of irritation or swelling. If either of these occurs, notify the charge nurse immediately.

You must also observe the appearance of the residents' urine for any abnormalities. Normal urine is straw yellow, clear, almost odorless, and free from mucus and sediment. Normal feces are soft, formed, and brown. Anything unusual in the residents' urine or feces should be reported to the charge nurse immediately.

Duty: Assisting with Urine Elimination

Definitions of Key Terms

bacteria--Microorganisms that can be seen only through a microscope.

bedpan--A receptacle for bodily wastes that is used when a resident is bedridden.

commode--Toilet.

commode chair--A bedpan mounted in a chair that is used by a bedridden resident for elimination.

cubic centimeter (cc)--A unit for measuring volume.

drainage bag--A plastic bag that collects urine connected to an indwelling catheter. (See indwelling catheter.)

elimination--Ridding the body of urine and feces.

feces--Solid waste material that is eliminated from the bowel.

flowsheet--A form used to record information about a resident, such as liquid intake, weight, amount of bowel elimination.

fracture pan--A type of bedpan. The fracture pan is flatter at the sides than a regular bedpan which makes it easier for residents who cannot lift their hips to use.

graduated container--A container divided into equal parts that is used to measure liquids.

incontinent--Unable to control bladder and bowel movements.

indwelling catheter--Tube that is placed in the resident's bladder to empty urine into a drainage bag.

infection--Condition that exists when disease-causing microorganisms enter and spread in the body.

intake—Amount of liquid consumed by a resident within a given period of time.

milliliter (ml)—A measurement of volume in the metric system that equals one thousandth of a meter (1 ml = 1 cc).

output--The amount of urine eliminated by a resident within a given period of time.

perineal--The area between the thighs that includes the anus and the vulva in the female and the anus and the scrotum in the male.

peri-wash solution—A solution used to cleanse the perineal area.

urinal--A receptacle for urine that is used by bedridden male residents.

urine--Yellowish liquid waste stored in the bladder and discharged periodically from the urethra.

void—To discharge feces or urine.

Duty: Assisting with Urine Elimination

List of Equipment and Supplies

bath basin
bed linen
bedpan cover
bedpan (standard)
bedside commode
disposable gloves
fracture pan
incontinent briefs
I & O worksheet
powder (or cornstarch)
soap
toilet tissue
towels
urinal
wash cloths

Duty: Assisting with Urine Elimination

Task: Help a resident with a bedpan.

SUGGESTED NOTES | YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Move a resident into the lateral and Sim's position
  Cleanse an incontinent resident
  Give perineal care
  Measure urinary output
  Handle clean and dirty linen
  Move a resident into the supine position
Ability to recognize any abnormalities in urine and feces

Performance Objective

Help a resident use a bedpan. The resident's privacy must be preserved and both the resident and the bed must be left clean and dry.

Key Terms

bedpan
defecate
elimination
feces
urinate
urine
void

Equipment and Supplies

bedpan cover
fracture pan
I & O worksheet, if necessary
powder or cornstarch
soap
standard bedpan
toilet tissue
towel
washcloth

Audiovisuals and Resources

Transparency:
  Equipment Used in Urine Elimination

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Respond to the resident's call light or verbal request.
2. Identify the resident.
3. Greet the resident.
4. Wash your hands.

*5. Gather the equipment.

6. Provide for the resident's privacy.
7. Explain the task to the resident.
8. Lower the side rail.
9. Untie any restraints.

*10. Lift the top bedding

11. Raise the resident's gown, so that only his buttocks are exposed, keeping the lower part of his body covered with the top bedding.

*12. Place the bedpan in position.
   a. Ask the resident to bend his knees, place his feet flat on the mattress, and raise his hips.
   b. Place the bedpan evenly under the resident's buttocks so that he can sit on it comfortably.
   *c. If the resident cannot raise his hips, turn him onto his side facing away from you.
   d. Place bedpan against his buttocks.
   e. Push the bedpan downward into the mattress as you gently turn the resident onto the bedpan.

13. Replace the bedding over the resident.
14. Elevate the head of the bed slightly.
15. Raise the side rail.
16. Put the call light and toilet tissue where the resident can easily reach them.
17. Step around to the the other side of the curtain to preserve the resident's privacy.
18. Step back to the resident's bedside when he indicates he is finished.

SUGGESTED NOTES YOUR NOTES

19. Remove the bedpan.
    a. Ask the resident to raise his hips.
    b. Gently remove bedpan.
    c. If the resident cannot raise his hips, turn him onto his side facing away from you.
    d. Press down on the bedpan and remove it gently.
20. Cover the bedpan with the bedpan cover.
21. Help the resident clean and wipe himself as necessary.
22. Retie any restraints.
23. Take the bedpan to the bathroom.
24. Measure the urine if resident is on I & O.
25. Check urine and/or feces for any abnormalities.
26. Report anything unusual to the charge nurse.
27. Flush the urine and/or feces down the toilet.
*28. Clean the bedpan.
29. Store the clean bedpan and bedpan cover in the resident's bedside table.
30. Help the resident wash his hands.
31. Put the call light within the resident's reach.
32. Attend to the resident's comfort and safety.
33. Thank the resident for his cooperation.
*34. Remove the soiled linens from the room.
35. Wash your hands.

***Key Points**

5. Sometimes it will be necessary to use a fracture bedpan. The fracture pan is smaller and flatter than a standard bedpan. It is used with residents who cannot raise their hips high enough to use a standard bedpan, such as those who have fractured hips.

10. This assumes that the resident is in the supine position; if not, move him into that position. Review the task: "Move a resident into the supine position," if necessary.

12. Use powder or cornstarch to make it easier to slide the bedpan under the resident. To warm the bedpan, run warm water into it.

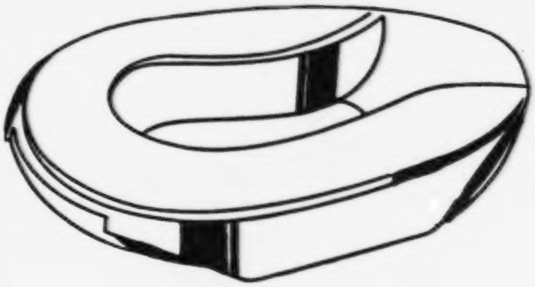
SUGGESTED NOTES	YOUR NOTES
12c. Review the task "Move a resident into the lateral and Sim's position," if necessary.	
28. Every facility has its own policy regarding the cleaning of bedpans. Follow the policy of your facility.	
34. Review the task: "Handle clean and dirty linen," if necessary.	

Student Activity/Assignment

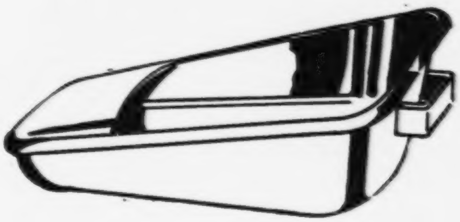
1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

EQUIPMENT USED IN URINE ELIMINATION

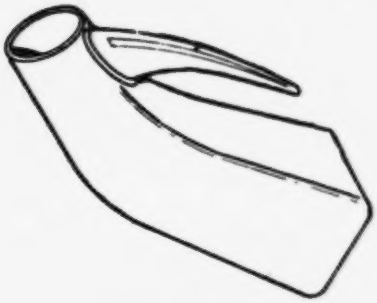
BEDPANS



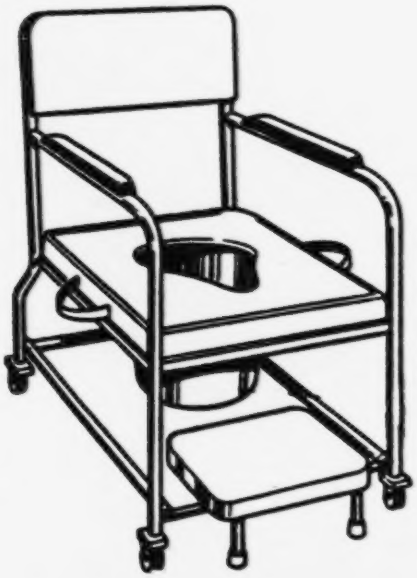
STANDARD



FRACTURE



URINAL



BEDSIDE COMMODE

Performance Checklist

Duty: Assisting with Urine Elimination
Task: Help a resident with a bedpan.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Responds to resident's call light or verbal request	___	___	___
2. Identifies resident	___	___	___
3. Greets resident	___	___	___
4. Washes hands	___	___	___
5. Gathers equipment	___	___	___
6. Provides for resident's privacy	___	___	___
7. Explains task to resident	___	___	___
8. Lowers side rail	___	___	___
9. Unties any restraints	___	___	___
10. Lifts top bedding	___	___	___
11. Raises resident's gown	___	___	___
12. Positions bedpan	___	___	___
13. Replaces bedding	___	___	___
14. Elevates head of bed	___	___	___
15. Raises side rail	___	___	___
16. Puts call light and toilet tissue within resident's reach	___	___	___
17. Steps behind curtain	___	___	___
18. Returns to resident's bedside	___	___	___
19. Removes bedpan	___	___	___

	S	U	N/A
20. Covers bedpan			
21. Helps resident clean and wipe himself			
22. Reties any restraints			
23. Takes bedpan to bathroom			
24. Measures urine			
25. Checks for urine and/or fecal abnormalities			
26. Reports anything unusual to charge nurse			
27. Disposes of urine and/or feces			
28. Cleans bedpan			
29. Stores bedpan and bedpan cover			
30. Helps resident wash his hands			
31. Puts call light within resident's reach			
32. Attends to resident's comfort and safety			
33. Thanks resident for cooperating			
34. Removes linens from room			
35. Washes hands			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Assisting with Urine Elimination

Task: Help a resident with a urinal.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following tasks:
- Wash hands using medical asepsis
- Cleanse an incontinent resident
- Give perineal care
- Measure urinary output
- Move a resident into the supine position
- Move a resident into the Fowler's position
- Move a resident into the lateral and Sim's position

Ability to recognize any abnormalities in urine

Performance Objective

Help a resident use a urinal. The resident's privacy must be preserved and both the resident and the bed must be left clean and dry.

Key Terms

defecate
elimination
feces
I & O
penis
stool
urinal
urinate
urine
void

Equipment and Supplies

bedpan cover
I & O worksheet, if necessary
soap
toilet tissue
towel
urinal
washcloth

Audiovisuals and Resources

Transparency:
- Equipment Used in Urine Elimination

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Respond to the resident's call light or verbal request.
2. Identify the resident.
3. Greet the resident.
4. Wash your hands.
5. Gather the equipment.
6. Provide for the resident's privacy.
7. Explain the task to the resident.
8. Lower the side rail.

*9. Lift the top bedding.

10. Raise the resident's gown so that only his buttocks are exposed, keeping as much of his body covered by the top bedding as possible.
11. Give the urinal to the resident, assisting as necessary.
    a. Place the urinal between the resident's legs.
    *b. Gently place the resident's penis inside the opening of the urinal.
12. Replace the bedding over the resident.
13. Elevate the head of the bed slightly if the resident is not in the Fowler's position.
14. Raise the side rail.
15. Put the call light and toilet tissue where the resident can easily reach them.
16. Wash your hands.
17. Step around to the other side of the curtain to preserve the resident's privacy.
18. Step back to the resident's bedside when he indicates he is finished.
19. Remove the urinal.
20. Cover the urinal with the bedpan cover.
21. Help the resident clean and wipe himself as necessary.
22. Remove the urinal to the resident's bathroom.
23. Measure the urine if the resident is on I & O.
24. Check the urine for any abnormalities.
25. Report anything unusual to the charge nurse.
26. Flush the urine down the toilet.

*27. Clean the urinal.

SUGGESTED NOTES | YOUR NOTES

28. Place the clean urinal and bedpan cover in the resident's bedside table.
29. Help the resident wash his hands.
30. Put the call light within resident's reach.
31. Attend to the resident's comfort and safety.
32. Thank the resident for his cooperation.
33. Wash your hands.

***Key Points**

9. Move the resident into the supine, Fowler's, or lateral position if he desires you to do so. Review the tasks: "Move a resident into the supine position," "Move a resident into the Fowler's position," or "Move a resident into the lateral and Sim's position," if necessary.

11b. You may need to hold the urinal in place for the resident.

27. Follow the cleaning policy of your facility.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Urine Elimination
Task: Help a resident with a urinal.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Responds to resident's call light or verbal request			
2. Identifies resident			
3. Greets resident			
4. Washes hands			
5. Gathers equipment			
6. Provides for resident's privacy			
7. Explains task to resident			
8. Lowers side rail			
9. Lifts top bedding			
10. Raises resident's gown			
11. Offers urinal to resident			
12. Replaces bedding			
13. Elevates head of bed			
14. Raises side rail			
15. Puts call light and toilet tissue within resident's reach			
16. Washes hands			
17. Steps behind curtain			
18. Returns to resident's bedside			
19. Removes urinal			

	S	U	N/A
20. Covers urinal			
21. Helps resident clean and wipe himself			
22. Removes urinal			
23. Measures urine			
24. Checks urine for abnormalities			
25. Reports any unusual findings to charge nurse			
26. Disposes of urine			
27. Cleans urinal			
28. Stores urinal and bedpan cover			
29. Helps resident wash his hands			
30. Puts call light within resident's reach			
31. Attends to resident's comfort & safety			
32. Thanks resident for cooperating			
33. Washes hands			

Comments: ____

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Student's Signature: ______________________

Instructor's Signature: ______________________

Date: ______________________

Duty: Assisting with Urine Elimination

Task: Help a resident with a bedside commode.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Wash a resident's face and hands
  Give perineal care
  Handle clean and dirty linen
  Move a resident from the bed into a chair and back
  Assist a resident to sit on the side of the bed
  Measure urinary output
Ability to recognize any abnormalities in urine and feces

Performance Objective

Help a resident use a bedside commode. The resident's privacy must be preserved and the resident must be left clean and dry.

Key Terms

- bedside commode
- defecate
- elimination
- feces
- I & O
- stool
- urinate
- void

Equipment and Supplies

- bedside commode
- soap
- toilet tissue
- towel
- washcloth

Audiovisuals and Resources

Transparency:
  Equipment Used in Urine Elimination

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Respond to the resident's call light or verbal request.
2. Wash your hands.
3. Gather the equipment.
4. Identify the resident.
5. Greet the resident.
6. Provide for the resident's privacy.
7. Explain task to resident.
8. Put the bedside commode next to the resident's bed.
9. Open the lid of the bedside commode.
10. Attach the bucket to the bedside commode if it is not already attached.
11. Untie any restraints.

*12. Help the resident sit on the side of the bed.
*13. Assist the resident onto the bedside commode.
14. Put the toilet tissue and call light within the resident's reach.
*15. Step around to the other side of the curtain to preserve the resident's privacy.
16. Step back to the resident's bedside when she indicates she is finished.
17. Help the resident clean and wipe herself as necessary.
*18. Assist the resident back into bed.
19. Retie any restraints.
20. Close the lid of the commode.
*21. Help the resident wash and dry her hands.
22. Put the call light within the resident's reach.
23. Attend to the resident's comfort and safety.
24. Thank the resident for her cooperation.
25. Remove the bucket from under the seat of the commode.
26. Cover the bucket with the bedpan cover.
27. Take the bucket to the resident's bathroom.
28. Check the urine and/or feces for any abnormalities.
29. Report anything unusual to the charge nurse.
*30. Measure the urinary output if the resident is on I & O.
31. Empty the bucket into the toilet.

32. Flush the toilet.
*33. Clean the bucket.
34. Store the reusable equipment.
*35. Remove the soiled linens from the room.
36. Wash your hands.

***Key Points**

12. Review the task: "Assist a resident to sit on the side of the bed," if necessary.

13. Review the task: "Move a resident from the bed into a chair and back," if necessary. If the resident cannot sit on the commode by herself, restrain her to prevent her from falling off. If you do not have a doctor's order to restrain the resident, you must remain at her side.

15. It is important to give the resident as much privacy as possible. Step to the other side of the curtain unless you have reason to think the resident might fall and injure herself.

18. Review the task: "Move a resident from the bed into a chair and back," if necessary.

21. Review the task: "Wash a resident's face and hands," if necessary.

30. Review the task: "Measure urinary output," if necessary.

33. Follow the cleaning policy of your facility.

35. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Urine Elimination
Task: Help a resident with a bedside commode.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Responds to resident's call light or verbal request			
2. Washes hands			
3. Gathers equipment			
4. Identifies resident			
5. Greets resident			
6. Provides for resident's privacy			
7. Explains task to resident			
8. Puts bedside commode next to bed			
9. Opens lid of bedside commode			
10. Attaches bucket to bedside commode			
11. Unties any restraints			
12. Helps resident sit on side of bed			
13. Assists resident onto bedside commode			
14. Puts toilet tissue and call light within resident's reach			
15. Steps to other side of curtain			
16. Returns to resident's side			
17. Helps resident clean herself			
18. Assists resident back into bed			
19. Reties any restraints			

	S	U	N/A
20. Closes lid of bedside commode			
21. Helps resident wash and dry her hands			
22. Puts call light within resident's reach			
23. Attends to resident's comfort and safety			
24. Thanks resident for cooperating			
25. Removes bucket from bedside commode			
26. Covers bucket with bedpan cover			
27. Takes bucket to bathroom			
28. Checks urine and/or feces for abnormalities			
29. Reports anything unusual to charge nurse			
30. Measures urinary output			
31. Empties bucket into toilet			
32. Flushes toilet			
33. Cleans bucket			
34. Stores reusable equipment			
35. Removes soiled linens			
36. Washes hands			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Assisting with Urine Elimination

Task: Help a resident to the bathroom.

SUGGESTED NOTES | YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following tasks:
- Wash hands using medical asepsis
- Assist a resident to sit on the side of the bed
- Help a resident put on a robe and slippers
- Help a resident walk
- Help a resident into a wheelchair or geriatric chair
- Transport a resident using a wheelchair
- Give perineal care

Ability to recognize any abnormalities in urine

Performance Objective

Help a resident use the bathroom. The resident's privacy must be preserved and the resident must be left clean and dry.

Key Terms

commode chair

Equipment and Supplies

commode chair
soap
toilet tissue
towel
washcloth
wheelchair

Audiovisuals and Resources

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Respond to the resident's call light or verbal request.
2. Identify the resident.
3. Greet the resident.
4. Wash your hands.
5. Gather the equipment.
6. Provide for the resident's privacy.
7. Explain the task to the resident.
8. Get the resident's robe and slippers from her closet.

*9. Help the resident sit on the side of the bed.

*10. Help the resident put on her robe and slippers.

*11. Help the resident into the bathroom.

12. Help the resident use the toilet.
    a. If the resident can walk, help her onto the toilet.
    b. If the resident is sitting in a commode chair, position the chair over the toilet.
    c. If the resident is in a wheelchair, transfer the resident onto the toilet.
13. Put toilet tissue and the call light within the resident's reach.
14. Step out of the bathroom to preserve the resident's privacy.
15. Return promptly to the bathroom when the resident signals that she is finished.
16. Help the resident clean and wipe herself as necessary.
17. Help the resident wash and dry her hands.
    a. Provide a washcloth and towel if she is unable to move to the sink.
    b. Help her stand at the sink if she is able to do so.
18. Help the resident return to bed.
19. Put the call light within the resident's reach.
20. Attend to the resident's comfort and safety.
21. Thank the resident for her cooperation.
22. Return to the bathroom.
23. Check the resident's urine for abnormalities.
24. Report anything unusual to the charge nurse.

SUGGESTED NOTES YOUR NOTES

25. Flush the toilet.
26. Remove any soiled linen from the room.
27. Wash your hands.

***Key Points**

9. Review the task: "Assist the resident to sit on the side of the bed," if necessary.

10. Review the task: "Help a resident put on a robe and slippers," if necessary.

11. Review the tasks: "Help a resident walk," and "Transport a resident using a wheelchair," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Urine Elimination
Task: Help a resident to the bathroom.

Directions: Practice this task on your own. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Responds to resident's light or request			
2.	Identifies resident			
3.	Greets resident			
4.	Washes hands			
5.	Gathers equipment			
6.	Provides for resident's privacy			
7.	Explains task to resident			
8.	Gets resident's robe and slippers			
9.	Helps resident sit on side of bed			
10.	Helps resident put on her robe and slippers			
11.	Helps resident into bathroom			
12.	Helps resident use toilet			
13.	Puts toilet tissue and call light within resident's reach			
14.	Steps out of bathroom			
15.	Returns to bathroom			
16.	Helps resident clean and wipe herself			
17.	Helps resident wash and dry her hands			
18.	Helps resident return to bed			
19.	Puts call light within resident's reach			

	S	U	N/A
20. Attends to resident's comfort and safety			
21. Thanks resident for cooperating			
22. Returns to bathroom			
23. Checks urine for abnormalities			
24. Reports anything unusual to charge nurse			
25. Flushes toilet			
26. Removes soiled linen			
27. Washes hands			

Comments: ____

____

Student's Signature: ____________________________________

Instructor's Signature: ____________________________________

Date: ____________________________________

Duty: Assisting with Urine Elimination

Task: Give perineal care.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  - Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following duty:
  - Assisting with Urine Elimination

Satisfactory demonstration of the following tasks:
  - Wash hands using medical asepsis
  - Move a resident into the lateral and Sim's position
  - Handle clean and dirty linen
  - Drape a resident with a bath blanket
  - Move a resident into the supine position

Performance Objective

Give perineal care. The resident's privacy must be preserved and the resident must be left clean and dry.

Key Terms

- foreskin
- labia majora
- labia minora
- meatus
- penis
- perineal
- peri-wash solution
- scrotum
- vagina

Equipment and Supplies

- bath blanket
- bedpan
- cup or pitcher
- disposable bed protector
- disposable gloves
- peri-wash solution (or whatever cleansing solution is used in your facility)
- towels
- wash cloths

Audiovisuals and Resources

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Provide for the resident's privacy.

*6. Assist the resident with her elimination needs.

7. Explain the task to the resident.

*8. Drape the resident with a bath blanket.

9. Fold the top bedding back to the foot of the bed without exposing the resident.
10. Place either a towel or disposable bed protector under the resident's buttocks.

*11. Fill the bath basin halfway with warm water or peri-wash solution.

12. Use disposable gloves if they are required by your facility.

*13. Help the resident onto a clean bedpan.

14. Pour the water over the perineal area using a disposable paper cup, peri-wash squeeze bottle, or pitcher.

*15. Wash the genital area using soap and water or cleansing solution.

 *a. If the resident is a female, wash the outer skin folds of the labia majora from front to back. Separate the labia majora with your thumb and index finger. Wash the inner skin folds of the labia minora from front to back. Separate the labia minora and wash the urinary meatus from front to back toward anus. Rinse well in the opposite order: urinary meatus, labia minora, and labia majora.

 b. If the resident is a male, wash the genital area, including the scrotum. Retract the foreskin. Wash in circular motion from the urinary meatus outward. Rinse well. Replace the foreskin.

16. Wash the anal area.
17. Rinse the genital and anal area again.
18. Pour warm water over the entire perineal area.
19. Dry the resident gently.
20. Remove disposable gloves, if you use them, by turning them wrong side out.

SUGGESTED NOTES YOUR NOTES

21. Discard disposable gloves in the resident's wastebasket.
22. Remove the bedpan.
23. Remove the bed protector.
24. Cover the resident with the top bedding.
25. Remove the bath blanket from under the top bedding.
26. Put the call light within the resident's reach.
27. Attend to the resident's comfort and safety.
28. Thank the resident for her cooperation.
29. Empty the bath basin.
30. Empty the bedpan.
*31. Clean the reusable equipment.
32. Store the reusable equipment.
*33. Remove the soiled bed protector and towel.
34. Dispose of the bed protector and towel according to the policy of your facility.
35. Wash your hands.
36. Report anything unusual to the charge nurse immediately.

***Key Points**

6. Review the duty: "Assisting with Urine Elimination," if necessary.

8. This assumes that the resident is in the supine position; if not, move him into that position. Review the tasks: "Move a resident into the supine position" and "Drape a resident with a bath blanket or sheet," if necessary.

   It is important to insure the resident's privacy and modesty during this procedure.

11. Ask the resident to test the water temperature; adjust it, if necessary. If your facility provides a cleaning solution, use it instead of water.

13. Review the task: "Help a resident with a bedpan," if neccesary.

SUGGESTED NOTES | YOUR NOTES

15. If the resident is soiled with urine and/or feces, use soap and warm water to wash her thoroughly. Review the task: "Cleanse an incontinent resident," if necessary.

15a. Washing from front to back helps prevent urinary tract infections. A clean portion of the washcloth should be used for each area you wash. You may need more than one washcloth for this task.

31. Follow the cleaning policy of your facility.

33. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment
1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Urine Elimination
Task: Perform perineal care.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers equipment			
3. Identifies resident			
4. Greets resident			
5. Provides for resident's privacy			
6. Assists resident with her elimination needs			
7. Explains task to resident			
8. Drapes resident with bath blanket			
9. Folds top bedding back			
10. Places towel or bed protector under resident's buttocks			
11. Fills bath basin halfway with water or solution			
12. Uses disposable gloves			
13. Helps resident onto clean bedpan			
14. Pours cleaning solution or water over perineal area			
15. Washes genital area			
16. Washes anal area			
17. Rinses genital and anal area again			
18. Pours warm water over entire genital area			

	S	U	N/A
19. Dries resident gently			
20. Removes disposable gloves			
21. Discards gloves			
22. Removes bedpan			
23. Removes bed protector			
24. Covers resident with top bedding			
25. Removes bath blanket			
26. Puts call light within resident's reach			
27. Attends to resident's comfort and safety			
28. Thanks resident for cooperating			
29. Empties bath basin			
30. Empties bedpan			
31. Cleans reusable equipment			
32. Stores reusable equipment			
33. Removes bed protector and towel			
34. Disposes of bed protector and towel			
35. Washes hands			
36. Reports anything unusual to charge nurse			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Assisting with Urine Elimination

Task: Cleanse an incontinent resident.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duty:
  Making Beds for Residents
  Administering Special Skin Care to Residents
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Move a resident into the lateral and Sim's position
  Change a resident's gown
  Handle clean and dirty linen
  Give perineal care

Performance Objective

Clean an incontinent resident. The resident's privacy must be preserved and both the resident and the bed must be left clean and dry.

Key Terms

incontinent

Equipment and Supplies

bath basin
bed linens
disposable gloves
soap
towels
washcloth

Audiovisuals and Resources

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Provide for the resident's privacy.
6. Explain the task to the resident.

*7. Fill the bath basin halfway with warm water.

8. Lift the top bedding.
9. Raise the resident's gown so that only her buttocks are exposed, keeping as much of her body covered by the top bedding as possible.

*10. Turn the resident on her side, facing away from you.

*11. Put on disposable gloves.

*12. Wash the feces and urine from between the resident's buttocks.
   a. Use clean washcloths as needed.
   b. Dispose of the soiled washcloths according to the policy of your facility.

13. Move resident into the supine position.

*14. Wash the perineal area.
   a. Wash from front to back to prevent infection.
   b. Rinse thoroughly using clean washcloths.
   c. Dry thoroughly.

15. Wash the resident's thighs and legs as necessary.
   a. Rinse using clean washcloths.
   b. Dry thoroughly.

*16. Check the resident's bony prominences and friction areas.

17. Remove the disposable gloves by turning them wrong side out.
18. Dispose of the gloves in the resident's trash basket.

*19. Change the resident's gown if it is soiled.

*20. Change the resident's bed linen if it is soiled.

21. Put the call light within the resident's reach.
22. Attend to the resident's comfort and safety.
23. Thank the resident for her cooperation.
24. Take the bath basin to the resident's bathroom.
25. Clean the bath basin.

26. Store the bath basin.
*27. Remove the soiled linen from the room.
28. Wash your hands.
29. Report anything unusual to the charge nurse.

***Key Points**

7. Ask the resident to test the water temperature; adjust, if necessary.

10. Review the task: "Move a resident into the lateral and Sim's position," if necessary.

11. The use of disposable gloves is strongly recommended when cleaning feces from a resident or when the resident has a urinary tract infection. The use of gloves is also recommended anytime you must handle urine or fecal matter.

12. Incontinent residents feel a loss of dignity. Never scold or judge the resident. It is important to insure the resident's privacy and modesty during this procedure.

14. Review the task: "Give perineal care," if necessary.

16. The bony prominences and friction areas of incontinent residents must be checked frequently because urine and feces cause skin irritation and breakdown. Review the duty: "Administering Special Skin Care to Residents," if necessary.

19. Review the task: "Change a resident's gown," if necessary.

20. Review the duty: "Making Beds for Residents," if necessary.

27. Review the task: "Handle clean and dirty linen," if necessary. Be extra cautious about asepsis when handling linen soiled with urine and feces.

SUGGESTED NOTES YOUR NOTES

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Urine Elimination
Task: Cleanse an incontinent resident.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands			
2.	Gathers equipment			
3.	Identifies resident			
4.	Greets resident			
5.	Provides for resident's privacy			
6.	Explains task to resident			
7.	Fills bath basin halfway with warm water			
8.	Lifts top bedding			
9.	Raises resident's gown and exposes buttocks			
10.	Turns resident on her side			
11.	Puts on disposable gloves			
12.	Wipes resident's buttocks			
13.	Moves resident into the supine position			
14.	Washes perineal area			
15.	Washes thighs and legs			
16.	Checks resident's bony prominences and friction areas			
17.	Removes gloves			
18.	Disposes of gloves			
19.	Changes resident's gown			

	S	U	N/A
20. Changes resident's bed linen			
21. Puts call light within resident's reach			
22. Attends to resident's comfort & safety			
23. Thanks resident for cooperating			
24. Removes bath basin			
25. Cleans bath basin			
26. Stores bath basin			
27. Removes soiled linen			
28. Washes hands			
29. Reports anything unusual to charge nurse			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Assisting with Urine Elimination

Task: Help a resident put on incontinent briefs.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duty:
  Dressing and Undressing Residents
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Move a resident into the lateral and Sim's position
  Give perineal care
  Cleanse an incontinent resident
  Help a resident put on pants

Performance Objective

Dress a resident in incontinent briefs. The resident's privacy must be perserved. The briefs must fit properly and must not be so tight that they restrict the resident's circulation.

Key Terms

hourglass shape
incontinence
incontinent briefs

Equipment and Supplies

incontinent briefs

Audiovisuals and Resources

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
*2. Get a pair of incontinent briefs.
3. Identify the resident.
4. Greet the resident.
5. Provide for the resident's privacy.
6. Explain the task to the resident.
7. Lower the side rail.
8. Unfasten the briefs.
*9. Remove the resident's pants, if necessary.
*10. Clean and dry the resident, if necessary.
11. Place the back of the briefs under the resident's hips.
    a. Ask the resident to raise his hips while you slide the briefs underneath.
    *b. If the resident is unable to raise his hips, turn him onto his side, place the briefs under his hips, and roll him back.
    c. The top of the briefs should be at the resident's waist.
12. Bring the front of the briefs between the resident's legs and up to his waist.
13. Fasten each side of the briefs.
*14. Adjust the briefs so that they fit snugly without restricting the resident's circulation.
*15. Finish dressing the resident.
16. Put the call light within the resident's reach.
17. Attend to the resident's comfort and safety.
18. Thank the resident for his cooperation.
19. Wash your hands.
20. Report anything unusual to the charge nurse immediately.

***Key Points**

2. Check the policy of your facility on the use of incontinent briefs. It is usually recommended that briefs be used only with ambulatory residents and for short periods of time. Because incontinent briefs hold in moisture and keep out air, using them frequently will cause skin breakdown and decubitus ulcers.

SUGGESTED NOTES YOUR NOTES

9. Review the task: "Help a resident put on pants," if necessary.

10. Review the tasks: "Cleanse an incontinent resident" and "Give perineal care," if necessary.

11b. Review the task: "Move a resident into the lateral and Sim's position," if necessary.

14. To test the fit of the briefs, see if you can insert 2 fingers between the briefs and the resident. If you cannot, the briefs are too tight.

15. Review the duty: "Dressing and Undressing Residents," as necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Urine Elimination
Task: Help a resident to put on incontinent briefs.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands	___	___	___
2.	Gets a pair of incontinent briefs	___	___	___
3.	Identifies resident	___	___	___
4.	Greets resident	___	___	___
5.	Provides for resident's privacy	___	___	___
6.	Explains task to resident	___	___	___
7.	Lowers side rail	___	___	___
8.	Unfastens briefs	___	___	___
9.	Removes resident's pants	___	___	___
10.	Cleans and dries resident	___	___	___
11.	Places back of briefs under resident's hips	___	___	___
12.	Brings front of briefs between resident's legs and up to his waist	___	___	___
13.	Fastens each side of briefs	___	___	___
14.	Adjusts fit of briefs	___	___	___
15.	Finishes dressing resident	___	___	___
16.	Puts call light within resident's reach	___	___	___
17.	Attends to resident's comfort and safety	___	___	___
18.	Thanks resident for cooperating	___	___	___

	S	U	N/A
19. Washes hands	___	___	___
20. Reports anything unusual to the charge nurse	___	___	___

Comments: ______________________________

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Assisting with Urine Elimination

Task: Empty a urinary drainage bag.

SUGGESTED NOTES | YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following tasks:
- Wash hands using medical asepsis
- Measure urinary output
- Record urinary output

Ability to:
- read the numbers on a graduated container accurately
- recognize abnormalities in urine

Performance Objective

If the resident has an indwelling catheter, empty the drainage bag. The bag must be emptied and the urine measured. Your recorded measurement must match your instructor's within 2 cc's.

Key Terms

bacteria
drainage bag
graduated container
indwelling catheter
infection
I & O

Equipment and Supplies

graduated container
sample I & O worksheet

Audiovisuals and Resources

Transparencies:
- Parts of the Drainage Bag
- Graduated Container

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the supplies.
3. Identify the resident.
4. Greet the resident.
5. Provide for the resident's privacy.
6. Explain the task to the resident.
7. Put the graduated container on a paper towel that you have placed on the floor close to the drainage bag.
8. Remove the drainage tube from the bag.

*9. Hold the tube over the graduated container.

10. Release the clamp to drain all of the urine out of the bag.
11. Reclamp the tube.
12. Reinsert the tube in the bag, making sure it is secure.
13. Take the graduated container into the resident's bathroom.

*14. Measure the amount of urine in the graduated container.

15. Check the urine for abnormalities.
16. Record the urinary output on the resident's I & O worksheet.
17. Report anything unusual to the charge nurse.
18. Flush the urine down the toilet.

*19. Clean the graduated container.

20. Store the graduated container.
21. Put the call light within the resident's reach.
22. Attend to the resident's comfort and safety.
23. Thank the resident for her cooperation.
24. Wash your hands.
25. Report the resident's urinary output to the charge nurse at the end of the 8-hour shift.

SUGGESTED NOTES | YOUR NOTES

***Key Points**

9. Do not let the tube touch the container or the floor. In order to keep bacteria out of the drainage bag and help prevent infection, do not touch the end of the tube.

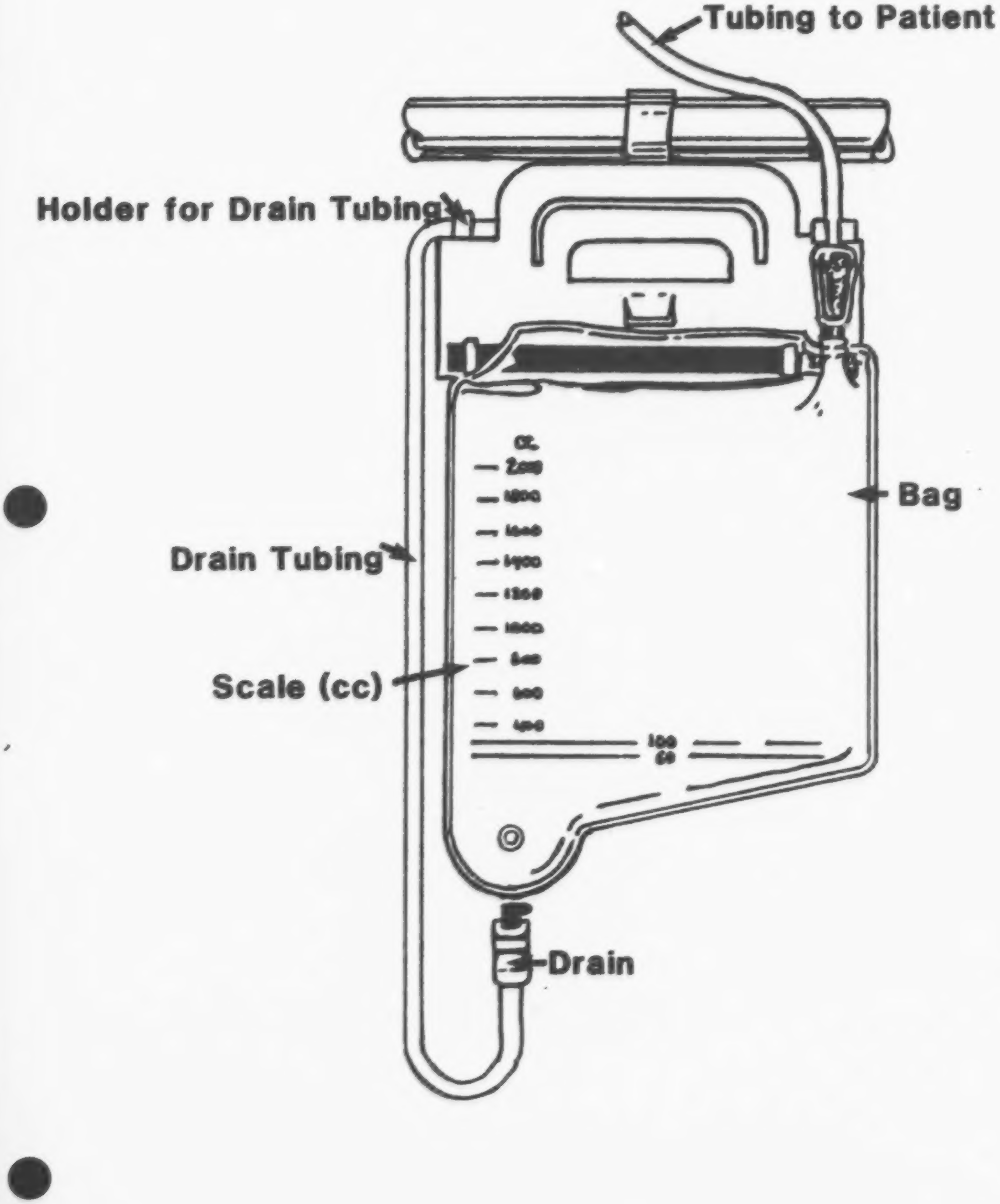
14. Review the task: "Measure urinary output," if necessary.

19. Follow the cleaning policy of your facility.

Student Activity/Assignment

1. Complete the student activity sheet: "Graduated Containers."
2. Review the definitions of key terms.
3. Practice this task. Work with a partner whenever possible.
4. Complete the performance checklist with your instructor.

THE URINARY DRAINAGE BAG


Tubing to Patient
Holder for Drain Tubing
cc
2000
1800
1600
1400
1200
1000
800
600
400
100
50
Bag
Drain Tubing
Scale (cc)
Drain

Performance Checklist

Duty: Assisting with Urine Elimination
Task: Empty a urinary drainage bag.

Directions: Practice this task on your own. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands	___	___	___
2. Gathers supplies	___	___	___
3. Identifies resident	___	___	___
4. Greets resident	___	___	___
5. Provides for resident's privacy	___	___	___
6. Explains task to resident	___	___	___
7. Puts container on floor near bag	___	___	___
8. Removes drainage tube from bag	___	___	___
9. Holds tube over graduated container	___	___	___
10. Releases clamp	___	___	___
11. Reclamps tube	___	___	___
12. Reinserts tube in bag	___	___	___
13. Takes container into bathroom	___	___	___
14. Measures amount of urine in container	___	___	___
15. Checks urine for abnormalities	___	___	___
16. Records urinary output on I & O worksheet	___	___	___
17. Reports anything unusual to charge nurse	___	___	___
18. Flushes urine down the toilet	___	___	___
19. Cleans graduated container	___	___	___

	S	U	N/A
20. Stores graduated container			
21. Puts call light within resident's reach			
22. Attends to resident's comfort and safety			
23. Thanks resident for cooperating			
24. Washes hands			
25. Reports urine output to charge nurse at end of shift			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Assisting with Urine Elimination

Task: Measure urinary output.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following tasks:
- Wash hands using medical asepsis
- Help a resident with a bedpan
- Help a resident with a urinal
- Help a resident with a bedside commode

Ability to:
- read the number scale on a graduated container accurately
- recognize abnormalities in urine

Performance Objective

Measure and record urinary output. Your recorded measurements must match your instructor's within 2 cc's.

Key Terms

cubic centimeter (cc)
graduated container
I & O
intake
milliliter (ml)
output
urine

Equipment and Supplies

bedpan
graduated container
sample I & O worksheet
toilet tissue
urinal

Audiovisuals and Resources

Transparency:
- Sample I & O Worksheet

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Respond to the resident's call light or verbal request.
2. Identify the resident.
3. Greet the resident.
4. Wash your hands.
5. Gather the equipment.
6. Provide for the resident's privacy.
7. Explain the task to the resident.

*8. Help a resident with a bedpan, urinal, or bedside commode.

9. Take the urine receptacle to the resident's bathroom.
10. Pour the urine into a graduated container.
11. Measure the amount of urine in the graduated container.
12. Check the urine for abnormalities.
13. Record the resident's urinary output on the I & O worksheet.
14. Report anything unusual to the charge nurse.
15. Flush the urine down the toilet.
16. Rinse reusable equipment.
17. Store reusable equipment.
18. Put the call light within the resident's reach.
19. Attend to the resident's comfort and safety.
20. Thank the resident for his cooperation.
21. Wash your hands.
22. Report the resident's urinary output to the charge nurse at the end of the 8-hour shift.

***Key Points**

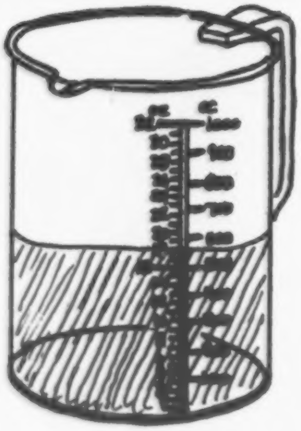
8. Review the tasks: "Help a resident with a bedpan," "Help a resident with a urinal," or "Help a resident with a bedside commode," if necessary.

Student Activity/Assignment

1. Complete the student activity sheet: "Measurement of Urinary Output."
2. Review the definitions of key terms.
3. Practice this task. Work with a partner whenever possible.
4. Complete the performance checklist with your instructor.

MEASURING WITH A GRADUATED CONTAINER

DIRECTIONS: LOOK AT EACH OF THE PICTURES BELOW AND RECORD THE AMOUNT OF FLUID CONTAINED IN EACH. ALWAYS BE ACCURATE WHEN MAKING MEASUREMENTS.



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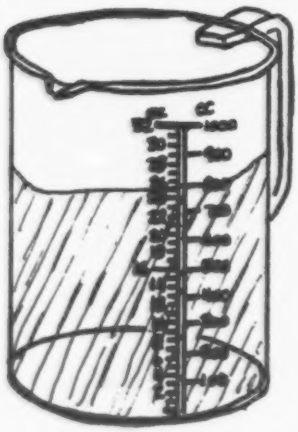

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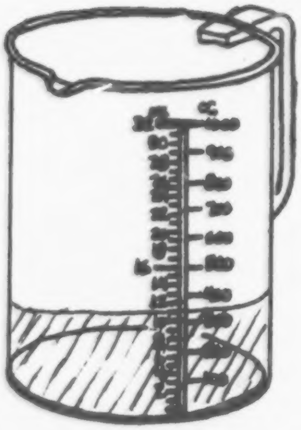

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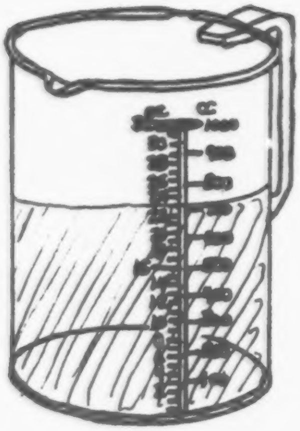

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Performance Checklist

Duty: Assisting with Urine Elimination
Task: Measure urinary output.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Responds to resident's call light or verbal request	___	___	___
2.	Identifies resident	___	___	___
3.	Greets resident	___	___	___
4.	Washes hands	___	___	___
5.	Gathers equipment	___	___	___
6.	Provides for resident's privacy	___	___	___
7.	Explains task to resident	___	___	___
8.	Helps resident with a bedpan, urinal, or bedside commode	___	___	___
9.	Takes urine receptacle to bathroom	___	___	___
10.	Pours urine into graduated container	___	___	___
11.	Measures urine	___	___	___
12.	Checks urine for abnormalities	___	___	___
13.	Records resident's output on I & O worksheet	___	___	___
14.	Reports anything unusual to charge nurse	___	___	___
15.	Disposes of urine	___	___	___
16.	Rinses reusable equipment	___	___	___
17.	Stores reusable equipment	___	___	___
18.	Puts call light within resident's reach	___	___	___
19.	Attends to resident's comfort and safety	___	___	___

	S	U	N/A
20. Thanks resident for cooperating	___	___	___
21. Washes hands	___	___	___
22. Reports resident's output to charge nurse at end of 8-hour shift	___	___	___

Comments: ____

____

Student's Signature: ______________________________________

Instructor's Signature: ______________________________________

Date: ______________________________________

Duty: Assisting with Urine Elimination

Task: Record urinary output.

SUGGESTED NOTES	YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following task:
  Measure urinary output
Ability to add 4-digit numbers

Performance Objective

Given an I & O worksheet, figure the resident's total urinary output for an 8-hour shift. Your recorded total must match your instructor's within 2 cc's.

Key Terms

- cubic centimeter (cc)
- flowsheet
- intake
- I & O
- milliliter (ml)
- output
- void

Equipment and Supplies

- sample I & O record sheets
- sample flowsheet

Audiovisuals and Resources

Transparencies:
  Sample I & O Worksheet
  Sample Flowsheets

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Obtain an I & O worksheet from the resident's bedside.
2. Add the amounts of urinary output recorded for each 8-hour shift.
3. Compute the resident's total urinary output for the day by adding the totals recorded for each 8-hour shift.

*4. Record each shift total on the flowsheet in the resident's medical record if you are required to do so.

*5. Record the resident's total urinary output for the day on the flowsheet in the resident's medical record if you are required to do so.

6. Discard the I & O worksheet according to the policy of your facility.
7. Report the resident's total urinary output to the charge nurse.

***Key Points**

4. & 5. In some facilities nursing assistants are not responsible for performing this task. If this is the case in your facility, bring the I & O worksheet to the charge nurse.

Student Activity/Assignment

1. Complete the student activity sheet: "Measurement of Urinary Output" and record your totals on the sample I & O worksheet provided.

2. Use the sample I & O worksheet you filled out in step 2 and add the 8-hour shift columns. Record your totals on the flowsheet.

3. Review the definitions of key terms.

4. Practice this task. Work with a partner whenever possible.

5. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Urine Elimination
Task: Record urinary output.

Directions: Practice this after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	NA
1. Obtains I & O worksheet			
2. Adds amounts of urinary output recorded for each 8-hour shift			
3. Computes resident's total urinary output for the day			
4. Records each shift total			
5. Records resident's total urinary output for the day			
6. Discards I & O worksheet			
7. Reports resident's total urinary output to charge nurse			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Introduction

Assisting with Nutrition and Hydration

Nutrition is important for everyone, including residents of long-term health care facilities. Food provides energy for tissue growth and repair and maintains and regulates many bodily functions. Some residents think of mealtimes as social occasions when family and friends can talk with each other and review the events of the day. Others look forward to meals as a time to relax and read a book or the newspaper. Whatever kind of mealtime residents have enjoyed in the past, eating meals in a long-term care facility may mean a change that can be difficult. Taking extra care in presenting meals to residents in a positive manner and in feeding those who are not able to feed themselves may help residents adjust.

Nutrition

Food preference is a highly individual matter. With age, however, may come changes that diminish the desire to eat or the ability to feed oneself. Illness or changes in the body may cause a resident's doctor to prescribe a special diet for him that prevents him from eating some of his favorite foods. Some residents will want to eat or reject certain foods for religious reasons. These personal considerations should be honored as much as possible without violating the resident's prescribed diet. Try to make the resident feel comfortable with his food choices.

Feeding residents may call for a great deal of patience. Residents may eat very slowly, but try not to rush them through meals. Encourage the resident to eat, but do not force foods upon him. Find out what kind of food he likes. Tell residents who don't see well what food you will be giving them and whether the food is hot or cold. Alternate solid foods with liquid. Being aware of how you like to eat may help you make the meal pleasant for the resident.

Changes caused by age may affect residents' eating habits. Keep these general characteristics in mind:

- Older people tend to be less active and usually require fewer calories.
- Older people need more minerals and vitamins.
- Residents who have dentures that are loose or do not fit well and those with poor oral hygiene often have don't eat the foods that provide a balanced diet.
- Older people may eat less because the sense of taste decreases with age, and food may be less appealing.

When you are feeding a dependent resident, remember the following guidelines:

- It is important to talk with residents during mealtime. Do not talk continuously, however, because weak residents cannot always talk and eat at the same time. Both eating and talking require a lot of energy.
- Facing the resident when feeding him or her makes the task easier.
- Ask the resident how to season the food before feeding him. Do not assume that everyone likes food to be seasoned the way you do or that a resident unable to season his own food does not like seasoning. If a resident cannot communicate his preferences, try using a small amount of seasoning and see how the resident reacts.

- Do not deliver a food tray until you are ready to feed the resident. Try to begin the meal as soon possible to keep heated food warm and chilled food cool.
- Always check the food tray before it is given to a resident. Make sure eating utensils and seasonings are provided, and consult the menu card on the tray to make sure the resident's diet is being followed.
- Encourage the resident to do as much for himself as possible. Open difficult packages or beverage containers, if necessary. Spread butter and help with seasonings if the resident desires you to do so.
- Help the resident with any personal needs such as urine elimination, before the meal is served. Be sure to remove any items that are unpleasant to look at or that could cause odor (bedpans, emesis basins, etc.).
- Avoid performing major tasks just before or after a meal so that the resident will not be too tired to eat.
- Use a spoon when feeding a dependent resident. Fill the spoon half full. Feed from the tip of the spoon and use gentle downward pressure in the center of the tongue. Residents who are paralyzed on one side of the body can chew and swallow more easily when they are fed from the side of the mouth that is not paralyzed. This also decreases the chance of the resident's choking.
- If the resident is on I & O (Intake and Output) be sure to document the amount of intake for each meal accurately.
- When the resident is finished eating, remove the tray as soon as possible. It is not pleasant to look at dirty dishes or partially eaten food.

- Help the resident wash his or her face and hands both before and after the meal.

Hydration and Dehydration

Hydration is the state of having enough fluid in the body. Normally, people should take in about the same amount of fluid as they lose in order to maintain a healthy fluid balance. People who take in more fluid than they eliminate may develop edema, or fluid retention. Signs of edema are large and sudden weight gains, reduction in urine output, and swelling in the feet, ankles, face, hands, and fingers.

Dehydration, which is the state of not having enough fluid in the body, frequently occurs among residents of long-term health care facilities. Residents may be unable to get water on their own and may be reluctant to ask for water or for help in getting it. Incontinent residents may avoid drinking water to reduce the chance of having an accident. Other causes of dehydration include increased sweating, vomiting, bleeding, and diarrhea. The chance of residents' developing dehydration can be diminished by keeping fresh water at their bedsides, by offering them water and other beverages whenever you enter the room, and by encouraging them to take an interest in their need to drink water.

Duty: Assisting with Nutrition and Hydration

Definitions of Key Terms

condiments—Seasonings for food; for example, salt, pepper, mustard, ketchup, and mayonnaise.

cubic centimeter (cc)—A unit for measuring volume.

dehydration—A condition resulting from excessive loss of fluid.

diabetic—Person who has diabetes, which is a disease that prevents sugar and starch from being absorbed properly by the body.

diet—A limited menu of food and drink. May be prescibed by a physician or self-imposed.

flowsheet—A form used to record information about a resident, such as liquid intake, weight, amount of bowel elimination.

fluid—A liquid, or a solid (such as jello) that is measured as a liquid.

fluid balance—Taking in approximately the same amount of fluid as one eliminates.

force fluids—Encouraging a resident to drink fluids. When a resident has a tendency to become dehydrated, his or her doctor may issue an order to "force fluids."

geriatric feeding chair (geri-chair)—A chair on wheels with an attachable tray.

H2O—An abbreviation for water.

hydration—Condition that exists when the body has an adequate amount of fluid.

intake—Amount of liquid consumed by a resident within a given period of time.

milliliter (ml)--A measurement of volume in the metric system that equals one thousandth of a meter (1 ml = 1 cc).

NPO--From the Latin for "nothing by mouth." It means that the resident may not have any food or drink for the period of time prescribed by a doctor.

nutrition--The process by which the food we take in is used by the body. When one eats properly, one is said to be practicing good nutrition.

output--The amount of urine eliminated by a resident within a given period of time.

restricted fluids--When residents are limited in the amount of fluid they may drink within a given period of time, they are said to be on "restricted fluids."

Duty: Assisting with Nutrition and Hydration

List of Equipment and Supplies

cart

condiments

dishes

drinking glasses

eating utensils (silverware)

ice

ice container

labels

list of measurements of common food containers

meal trays

napkins

over-the-bed table

paper towels

sample flowsheets

sample I & O worksheets

scoop (ice)

straws

towels

wash cloths

Duty: Assisting with Nutrition and Hydration

Task: Serve a meal to a resident.

SUGGESTED NOTES | YOUR NOTES

Prerequisites
Ability to apply the information provided in:
Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following task:
Wash hands using medical asepsis

Performance Objective
Check to make sure the patient's food tray contains all the items listed on the patient's menu card and nothing else. The patient must be served his own tray.

Key Terms
condiments
diabetic
diet
menu card

Equipment and Supplies
dishes
glasses
napkins
pepper
salt
silverware
straws
sugar
tray

Audiovisuals and Resources
Serving and feeding the patient (Filmstrip/cassette: No. 473). Garden Grove, CA: Trainex.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Identify the resident.
3. Greet the resident.
4. Explain the task to the resident.

*5. Check the menu card.

6. Compare the food on the tray to the foods listed on menu card.
    a. Make sure the tray contains the items listed on the menu card.
    b. Make sure it does not contain any items prohibited on the menu card.
    c. Make sure the tray contains silverware and the correct condiments.

*7. Correct the tray, if necessary, and inform the charge nurse of any changes you make.

8. Take the food tray to the resident.
9. Put the call light within the resident's reach if the resident is in his room.
10. Attend to the resident's comfort and safety.
11. Thank the resident for his cooperation.

***Key Points**

5. Check resident's name and type of diet.

7. It is very important that the patient receive his own tray. A resident can become seriously ill if he eats or drinks anything that is not allowed on his diet.

Student Activity/Assignment

1. Review definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Nutrition and Hydration
Task: Serve a meal to a resident.

Directions: Practice this task on your own. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands aseptically			
2. Identifies resident			
3. Greets resident			
4. Explains task to resident			
5. Checks menu card			
6. Compares foods on tray to foods listed on menu card			
7. Corrects tray			
8. Takes food tray to resident			
9. Puts call light within resident's reach			
10. Attends to resident's comfort and safety			
11. Thanks resident for cooperating			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Assisting with Nutrition and Hydration

Task: Help a resident with meals.

SUGGESTED NOTES — YOUR NOTES

Prerequisites

- Ability to apply the information provided in:
  - Working with Residents of Long-Term Care Facilities
- Satisfactory demonstration of the following tasks:
  - Wash hands using medical asepsis
  - Serve a meal to a resident
  - Help a resident into a wheelchair or geriatric chair
  - Measure and compute oral intake
  - Move a resident into the Fowler's position
  - Help a resident into a wheelchair
  - Wash a resident's face and hands

Performance Objective

Help a resident with a meal. The dishes and utensils must be placed within the resident's reach and the resident's fluid intake must be recorded at the end of the meal if he is on I & O.

Key Terms

- diabetic
- I & O
- menu card
- nutrition

Equipment and Supplies

- I & O worksheet
- meal tray containing the resident's food and utensils
- over-the-bed table
- towel
- washcloth and towel

Audiovisuals and Resources

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Place a napkin or towel over the resident to protect his clothes.

*7. Prepare the resident to eat his meal.
*8. Help the resident wash his hands.
*9. Check the resident's food tray to be sure it contains all of the items listed on the resident's menu card.
*10. Serve the meal to the resident.
11. Assist the resident as necessary.
    a. Arrange dishes and silverware within resident's reach.
    b. Arrange the plate so that the main dish is closest to the resident.
    c. Cut the meat if the resident desires you to do so.
    d. Butter the bread if the resident desires you to do so.
    e. Open condiment packets if the resident desires you to do so.
    f. Help the resident season food if the resident desires you to do so.
*12. Encourage the resident to eat as much of the food on the tray as possible.
*13. Record the resident's fluid intake on the I & O worksheet, if necessary.
14. Record the amount of food the resident consumes according to the policy of your facility.
*15. Help the resident wash his face and hands.
16. Remove the tray and towel or napkin after the resident has finished eating.
*17. Attend to the resident's comfort and safety.
18. Thank the resident for his cooperation.
19. Wash your hands.
20. If the resident is diabetic, report to the charge nurse which foods he did not eat.

***Key Points**

7. Review the task: "Serve a meal to a resident," if necessary. If the resident is in bed, raise the head of the bed to a comfortable position for eating, lower the side rail, and move the over-the-bed table across the resident's knees. If the resident is seated in a chair, move the over-the-bed table in front of the chair. If the resident is in the dining room, help him move his chair up to the table.

8. Review the task: "Wash a resident's face and hands," if necessary.

9. & 10. Review the task: "Serve a meal to a resident," if necessary.

12. It is important to encourage residents to eat as much as they can. Good nutrition is important for residents in long-term care facilities. You must record the resident's intake if he is on I & O.

13. Review the task: "Measure and compute oral intake," if necessary.

15. If the resident has eaten in his room, clean his over-the-bed table by wiping it with clean paper towels. Review the task: "Wash a resident's face and hands," if necessary.

17. If the resident is in his room, put the call light within his reach.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Nutrition and Hydration
Task: Help a resident with meals.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands			
2.	Gathers equipment			
3.	Identifies resident			
4.	Greets resident			
5.	Explains task to resident			
6.	Places napkin or towel across resident			
7.	Prepares resident to eat his meal			
8.	Helps resident wash his hands			
9.	Checks resident's food tray			
10.	Serves meal to resident			
11.	Assists resident with meal			
12.	Encourages the resident to eat as much as possible			
13.	Records resident's fluid intake			
14.	Records amount of food consumed by the resident			
15.	Helps resident wash his face and hands			
16.	Removes tray and towel or napkin			
17.	Attends to resident's comfort and safety			
18.	Thanks the resident for cooperating			

	S	U	N/A
19. Washes hands	___	___	___
20. Reports to charge nurse which foods a diabetic resident did not eat	___	___	___

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Assisting with Nutrition and Hydration

Task: Feed a dependent resident.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following tasks:
- Wash hands using medical asepsis
- Serve a meal to a resident
- Help a resident into a wheelchair or geriatric chair
- Measure and compute oral intake
- Move a resident into the Fowler's position
- Handle clean and dirty linen
- Wash a resident's face and hands

Performance Objective

Feed a resident who is unable to feed himself. Provide the amount of food desired by or prescribed for the resident.

Key Terms

diabetic
menu card
nutrition

Equipment and Supplies

meal tray containing the resident's food and eating utensils
over-the-bed table
towel
washcloth

Audiovisuals and Resources

Feeding the patient (Filmstrip/cassette: No. 373). Garden Grove, CA: Trainex.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Prepare the resident to eat his meal.

8. Place a napkin or towel over the resident to protect his clothes.

*9. Compare the food on the tray with the foods listed on resident's menu card.

10. Place your chair near the resident so you can easily reach and observe him.

*11. Set the resident's tray on the table.

12. Describe what is on the tray to the resident.
13. Prepare to feed the resident.
    a. Think about the order in which you would eat this particular meal. Feed the food to the resident in the same order.
    *b. Tell the resident what is in each spoonful of food as you feed it to him.
14. Fill the resident's spoon halfway.
15. Rest the front edge of the spoon gently on the resident's bottom lip.
16. Gently press down on the resident's chin if he does not open his mouth.
17. Feed the resident.
    a. Tilt the spoon forward; the food should be given to the resident from the tip, not from the side, of the spoon.
    *b. Put the food into the side of the resident's mouth; this will make it easier for him to chew.

SUGGESTED NOTES YOUR NOTES

18. Offer the resident some liquid after every few bites of food.
    a. Use a straw or a glass when providing liquids. Use a different straw for each liquid.
    b. Check the temperature of hot liquids.
    c. Check with the charge nurse for other alternatives if the resident is unable to use a glass or a straw.
19. Remind the resident to chew and swallow, if necessary.
    a. Feed the resident slowly.
    b. Pause between bites.
    c. Encourage swallowing by gently stroking the resident's throat upwards.
20. Encourage the resident to finish his meal but do not try to force the resident to eat more than he willingly accepts.
21. Wipe the resident's mouth.
*22. Record the resident's fluid intake on the I & O worksheet.
23. Remove the tray.
24. Remove the over-the-bed table, if necessary.
25. Remove the towel or napkin.
26. Raise the side rail.
27. Put the call light within the resident's reach.
28. Attend to the resident's comfort and safety.
    a. If the resident was fed in bed, remove any food particles from the bed.
    b. Elevate the resident's head for at least 15 minutes after eating.
29. Thank the resident for his cooperation.
30. Clean the over-the-bed table by wiping it with clean paper towels.
*31. Remove the soiled washcloth and towel.
32. Wash your hands.
33. Record the amount of food consumed by the resident according to the policy of your facility.
34. If the resident is diabetic, report to the charge nurse which foods he did not eat.

SUGGESTED NOTES YOUR NOTES

***Key Points**

7. If the resident is in bed, raise the head of the bed to a comfortable position, lower the side rail, and move the over-the-bed table across the resident's knees. If the resident is seated in a chair, move the over-the-bed table in front of his chair. If the resident is in the dining room, help him move his chair up to the table.

9. & 11. Review the task: "Serve a meal to a resident," if necessary.

13b. Use a spoon to feed the resident. This is the safest and easiest way for him to eat.

17b. If the resident is unable to use one side of his mouth, make sure you feed him from the opposite side. A resident may not be able to chew on one side because of stroke, paralysis, missing teeth, etc.

22. The resident's fluid intake must be recorded if he is on I & O. Review the task: "Measure and compute oral intake," if necessary.

31. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner, whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Nutrition and Hydration
Task: Feed a dependent resident.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands	___	___	___
2. Gathers equipment	___	___	___
3. Identifies resident	___	___	___
4. Greets resident	___	___	___
5. Explains task to resident	___	___	___
6. Provides for resident's privacy	___	___	___
7. Prepares resident to eat his meal	___	___	___
8. Places towel or napkin over resident	___	___	___
9. Compares foods on tray to those listed on menu card	___	___	___
10. Places chair next to resident	___	___	___
11. Sets tray on table	___	___	___
12. Describes what is on tray to resident	___	___	___
13. Prepares to feed the resident	___	___	___
14. Fills the spoon halfway	___	___	___
15. Rests edge of spoon on resident's bottom lip	___	___	___
16. Gently presses on resident's chin to help him open his mouth	___	___	___
17. Feeds resident	___	___	___
18. Offers resident liquid	___	___	___
19. Reminds resident to chew and swallow	___	___	___

	S	U	N/A
20. Encourages resident to finish his meal	___	___	___
21. Wipes the resident's mouth	___	___	___
22. Records amount of resident's fluid intake	___	___	___
23. Removes tray	___	___	___
24. Removes the over-the-bed table	___	___	___
25. Removes napkin or towel	___	___	___
26. Raises side rail	___	___	___
27. Attends to resident's comfort and safety	___	___	___
28. Puts call light within resident's reach	___	___	___
29. Thanks resident for cooperating	___	___	___
30. Wipes the over-the-bed table	___	___	___
31. Removes soiled linen	___	___	___
32. Washes hands	___	___	___
33. Records amount of food consumed	___	___	___
34. Reports to the charge nurse which foods a diabetic resident did not eat	___	___	___

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Assisting with Nutrition and Hydration

Task: Measure and compute oral intake.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Ability to:
  divide the volume of serving containers into fractional parts.
  add and subtract whole numbers
  add and subtract simple fractions

Performance Objective

Measure and compute a resident's oral intake. Your recorded measurements must match your instructor's within 2 cc's.

Key Terms

cubic centimeter (cc)
dehydration
fluid
fluid balance
force fluids
hydration
intake
I & O
milliliter (ml)
NPO
output
restricted fluids

Equipment and Supplies

list of measurements commonly used in food containers
sample I & O record sheets

Audiovisuals and Resources

Transparencies:
  Sample I & O Worksheet
  Foods and Fluids to Measure
  Liquid Measures Used in Health Care Facilities

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Identify the resident.
3. Greet the resident.
4. Explain the task to the resident.

*5. Identify foods consumed by the resident that are measured as fluids.

*6. Compute the amount of fluid the resident has consumed.
   a. Measure the amount of fluid left in the container after the resident has finished drinking.
   b. Subtract the amount left in the container from the amount the container holds.

*7. Record the amount of fluid the resident has consumed on the I & O worksheet at the resident's bedside.

8. Put the call light within the resident's reach.
9. Attend to the resident's comfort and safety.
10. Thank the resident for his cooperation.
11. Wash your hands.

***Key Points**

5. Measuring oral intake is a part of monitoring a resident's fluid balance. This is important for residents who may retain fluids or become dehydrated.

6. The capacity of each container is indicated on the I & O worksheet. Check these amounts when computing the resident's fluid intake.

7. Record fluid intake after each meal, after snacks, each time you offer the resident a drink, and at the end of your 8-hour shift.

SUGGESTED NOTES YOUR NOTES

Student Activity/Assignment

1. Review the definitions of key terms.
2. Complete the student activity sheet: "Measuring a Resident's Oral Intake."
3. Complete the student activity sheet: "Recording a Resident's Oral Intake."
4. Practice this task. Work with a partner whenever possible.
5. Complete the performance checklist with your instructor.

RECORDING INTAKE

THIS IS A SAMPLE I & O WORKSHEET. YOU WILL PLACE THESE AT THE PATIENT'S BEDSIDE TO USE DURING YOUR 8-HOUR SHIFT. AT THE END OF THE SHIFT, YOU WILL TOTAL EACH COLUMN AND RECORD THESE TOTALS ON THE APPROPRIATE FLOWSHEET IN THE PATIENT'S CHART.

Oaks Center
540 Reed Place
Cincinnati, Ohio 53085

Patient Name

I & O WORKSHEET

INTAKE	**OUTPUT**
7-3	**7-3**
TOTAL	**TOTAL**
3-11	**3-11**
TOTAL	**TOTAL**
11-7	**11-7**
TOTAL	**TOTAL**
24-HR TOTAL	**24-HR TOTAL**

ORAL INTAKE

Each of the following foods/fluids are included when monitoring the oral intake of patients.

WATER

FRUIT JUICES

ICE CREAM

TEA

COFFEE

Other items include:

MILK DRINKS

CUSTARD

SOUPS

GELATIN

ICE CHIPS

MILK

ORAL INTAKE

LIQUID MEASURES USED IN HEALTH CARE FACILITIES

cc = cubic centimeter

ml = milliliter

oz = ounce

1 cc = 1 ml

30 cc = 1 oz

1 teaspoon = 4 cc

1 pint = 500 cc

1 gallon = 4000 cc

Performance Checklist

Duty: Assisting with Nutrition and Hydration
Task: Measure and compute oral intake.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory   U = Unsatisfactory   N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Identifies resident			
3. Greets resident			
4. Explains task to resident			
5. Identifies foods consumed by resident that are measured as fluids			
6. Computes amount of fluid intake			
7. Records amount of fluid intake			
8. Puts call light within resident's reach			
9. Attends to resident's comfort and safety			
10. Thanks the resident for cooperating			
11. Washes hands			

Comments: ______________________________

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Assisting with Nutrition and Hydration

Task: Record food and fluid intake.

SUGGESTED NOTES YOUR NOTES

Prerequisites

- Ability to apply the information provided in:
  - Working with Residents of Long-Term Care Facilities
- Satisfactory demonstration of the following task:
  - Measure and compute oral intake
- Ability to add 4-digit numbers

Performance Objective

Record the resident's intake. You must add and record the totals on the intake record at the end of each shift and total must match your instructor's within 2 cc's.

Key Terms

- cubic centimeter (cc)
- flowsheet
- intake
- I & O
- milliliter (ml)
- output
- parenteral

Equipment and Supplies

- sample intake-output record sheets
- sample flowsheet

Audiovisuals and Resources

- Transparencies:
  - Sample I & O Worksheet
  - Sample Flowsheets

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Obtain an I & O worksheet from the resident's bedside at the end of the shift.
2. Add the intake amounts recorded in the 8-hour shift columns.
3. Compute the resident's total oral intake for the day.
*4. Record each shift total on the flowsheet in the resident's medical record if you are required to do so.
5. Record the resident's total oral intake for the day on the flowsheet in the resident's medical record if you are required to do so.
6. Discard the I & O worksheet according to the policy of your facility.
7. Report the resident's total oral intake to the charge nurse.

***Key Points**

4. & In some facilities nursing assistants are not
5. responsible for performing this task. If this
is the case in your facility, bring the I & O
worksheet to the charge nurse.

Student Activity/Assignment

1. Complete the student activity sheet: "Computing Oral Intake" and record your totals on the sample I & O worksheet provided.
2. Use the sample I & O worksheet you filled out in step 1 and add the 8-hour shift columns. Record your totals on the flowsheet in the resident's chart.
3. Review the definitions of key terms.
4. Practice this task. Work with a partner whenever possible.
5. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Nutrition and Hydration
Task: Record food and fluid intake.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Obtains an I & O worksheet at end of shift			
2. Adds intake amounts recorded in 8-hour shift columns			
3. Computes the resident's total oral intake			
4. Records each shift total			
5. Records resident's total oral intake for the day			
6. Discards worksheet			
7. Reports resident's total oral intake to charge nurse			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Assisting with Nutrition and Hydration

Task: Distribute fresh drinking water.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:

Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following tasks:

Wash hands using medical asepsis

Measure and compute oral intake

Performance Objective

Provide fresh drinking water. Water is to be given to each resident once every shift after the residents' fluid restrictions have been checked.

Key Terms

H2O
NPO
restricted fluids

Equipment and Supplies

cart
drinking glasses
ice container
ice
labels
paper towels
scoop
straws

Audiovisuals and Resources

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
*2. Consult the charge nurse regarding the residents' fluid restrictions before distributing fresh water.
3. Gather the equipment.
4. Fill a clean, covered container with ice.
5. Set the equipment on a cart.
6. Roll the cart into the hall outside a resident's room.
*7. Identify the resident.
8. Pick up and dispose of any used paper cups and straws on the resident's bedside table.
9. Pick up the water pitcher and dirty glass on the resident's bedside table.
10. Empty the pitcher into the resident's sink.
11. Carry water pitcher and dirty glass to the cart.
12. Put dirty glass on the cart away from clean supplies.
*13. Fill the water pitcher with ice.
14. Pick up a fresh supply of straws and a clean glass or new set of paper cups.
15. Place the straws and clean glass or paper cups on bedside table.
16. Fill the pitcher with water.
17. Place the pitcher on the resident's bedside table.
18. Wipe the table with clean paper towels.
19. Pour a fresh glass of water for the resident.
20. Record the resident's fluid intake, if necessary.
21. Put the call light within the resident's reach.
22. Attend to the resident's comfort and safety.
23. Move on to the next resident.
24. Repeat steps 7-23 until all residents have fresh water.
25. Clean the reusable equipment.
26. Store the reusable equipment.
27. Wash your hands.

SUGGESTED NOTES | YOUR NOTES

***Key Points**

2. This information may also be found on signs posted above the residents' beds.

7. If the resident is in his room and awake, greet him and explain the task to him. When you have finished the task, thank him for his cooperation.

13. Some residents may not want ice; the water pitchers of these residents should be so labelled. To avoid contamination, be sure you do not touch the water pitcher with the ice scoop; store the scoop in a clean, closed container when you are through with it.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Assisting with Nutrition and Hydration
Task: Distribute fresh drinking water.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory   U = Unsatisfactory   N/A = Not Applicable

	S	U	N/A
1. Washes hand			
2. Consults charge nurse regarding residents' fluid restrictions			
3. Gathers equipment			
4. Fills clean covered container with ice			
5. Sets equipment on cart			
6. Rolls cart to a resident's room			
7. Identifies resident			
8. Picks up and disposes of used paper cups and straws			
9. Picks up water pitcher and dirty glass			
10. Empties pitcher into resident's sink			
11. Carries pitcher and dirty glass to cart			
12. Puts dirty glass on cart away from clean supplies			
13. Fills pitcher with ice			
14. Picks up fresh supply of straws and a clean glass or new set of paper cups			
15. Places straws and clean glass or paper cups on resident's bedside table			
16. Fills pitcher with water			
17. Places pitcher on resident's bedside table			

	S	U	N/A
18. Cleans resident's bedside table			
19. Pours fresh glass of water			
20. Records resident's fluid intake			
21. Puts call light within resident's reach			
22. Attends to resident's comfort and safety			
23. Move on to next resident			
24. Repeats steps 7-23 until all residents have fresh water			
25. Cleans reusable equipment			
26. Stores reusable equipment			
27. Washes hands			

Comments: ____

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Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Introduction

Administering Special Skin Care to Residents

The aging process affects the skin in a number of ways:

- The glands produce a decreased amount of oil, and this leads to dry skin.
- The skin becomes more sensitive because of its dryness.
- The circulation slows, and this leads to thin skin that is easily torn or damaged.

In addition to these skin problems, residents of long-term care facilities, especially those who are are bedridden, are likely to develop decubitus ulcers, or bedsores. Decubitus ulcers are open sores caused by the pressure and restricted blood flow that result from lying or sitting in one position for a long period of time. These sores are likely to develop on the residents' bony prominences, that is, on the heels and ankles, the elbows, the knees, the backbone, and the shoulder blades. When attending to bedridden residents, you should remember that bedsores can be caused or aggravated by bed linens being pulled out from under residents; by wet clothing or bed linen; by irritating substances left on the skin after a bath, such as soap or powder; and by perspiration, urine, and feces. Obesity can also cause bedsores because the parts of an overweight person's body tend to rub together and create friction and irritation. This irritation often occurs in the areas between the thighs, between the buttocks, and under the breasts.

Once a decubitus ulcer has formed, it is very difficult to heal, so prevention is important. The best way to prevent bedsores is to change the position of bedridden residents frequently, keep their skin clean and dry, and gently massage those parts of the body where decubitus ulcers are likely to develop in order to increase the blood flow to the area.

Massage is an excellent method of preventing bedsores. When rubbing a resident's back, use long, firm strokes that begin at the buttocks and and end at the shoulders and neck. When massaging a resident's bony prominences, use circular motions, beginning at the center of the prominence and moving outward in bigger circles. This technique pushes old blood out of the affected area and allows fresh blood to replace it. It also produces heat, which helps to open blood vessels and carry more blood, nutrients, and oxygen to the area. A small amount of powder will help keep the area dry, but too much powder accumulated on the skin can cause pressure and encourage the development of bedsores.

Incontinent residents are at high risk for bedsores. You must check these residents often and change their bed linen promptly. Remember never to scold incontinent residents or put diapers on them. They already feel a loss of dignity, and wearing diapers will only embarrass them further. In addition, diapers cause skin irritation because they hold in urine, which is high in acid content, and this leads to the formation of decubitus ulcers.

Duty: Administering Special Skin Care to Residents

Definitions of Key Terms

affected area or extremity—An area of the body or an extremity (arm or leg) that is sore or paralyzed. This area or extremity is always clothed first and unclothed last.

bony prominence—An area of the body where bones extend outward from surfaces of the skin, such as elbows, kneecaps, etc.

decubitus ulcer—An open wound that is caused by the pressure of lying or sitting in one position for a long period of time. Also called a pressure sore or bedsore.

friction area—An area of the body that is susceptible to decubitus ulcers because it comes into contact with a bed for long periods of time. Parts of the body where skin rubs against skin are also called friction areas.

pressure sore—(See decubitus ulcer.)

skin break—An opening in the skin that marks the beginning of a sore.

skin fold--Area where the skin is folded and rubs against itself, for example, under the breasts or between the legs.

Duty: Administering Special Skin Care to Residents

List of Equipment and Supplies

bath blanket
cornstarch
powder
skin lotion

Duty: Administering Special Skin Care to Residents

Task: Check bony prominences and friction areas for redness and irritation.

SUGGESTED NOTES | YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duty:
  Positioning and Moving a Resident
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Drape a resident with a bath blanket or sheet
  Handle clean and dirty linen
  Make an unoccupied bed

Performance Objective

Check the resident's bony prominences and friction areas for redness and irritation. Any redness, irritation, or skin breaks should be promptly reported to the charge nurse.

Key Terms

skin fold
bony prominence
coccyx
fanfold
friction area
irritation
redness
skin break

Equipment and Supplies

bath blanket

Audiovisuals and Resources

Transparency:
  Bony Prominences

Recognition and prevention of bed sores (Filmstrip/cassette: No. 478). Garden Grove, CA: Trainex.

The prevention and treatment of decubiti (Filmstrip/cassette: No. 185). Garden Grove, CA: Trainex.

SUGGESTED NOTES

YOUR NOTES

Performance Steps

1. Wash your hands.
2. Get a bath blanket.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Drape the resident with the bath blanket.
*8. Fanfold the top bedding.

9. Lower the side rail.
10. Untie any restraints.

*11. Check the resident's bony prominences for redness.
*12. Check the resident's friction areas for irritation.

13. Cover the resident with the top bedding.
14. Remove the bath blanket from under the top bedding.
15. Raise the side rail.
16. Retie any restraints.
17. Put the call light within the resident's reach.
18. Attend to the resident's comfort and safety.
19. Thank the resident for her cooperation.

*20. Remove the soiled bath blanket from the resident's room.

21. Wash your hands.
22. Report any redness, irritation, or skin breaks to the charge nurse promptly.

***Key Points**

7. Review the task: "Drape a resident with a bath blanket or sheet," if necessary.

8. For instructions on fanfolding, review the task: "Make an unoccupied bed."

11. Bony prominences include the following: the back of the head, the ears, the shoulder blades, the backbone, the elbows, the coccyx, the hips, the knees, the heels, and the ankles.

12. A friction area is an area of the body where skin frequently rubs against skin. Friction areas include the following: the space between the thighs, under any abdominal folds, under the breasts, under the arms, and between and underneath the buttocks.

20. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Administering Special Skin Care to Residents
Task: Check bony prominences and friction areas for redness and irritation.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gets a bath blanket			
3. Identifies resident			
4. Greets resident			
5. Explains task to resident			
6. Provides for resident's privacy			
7. Drapes resident with bath blanket			
8. Fanfolds top bedding			
9. Lowers side rail			
10. Unties any restraints			
11. Checks the resident's bony prominences for redness			
12. Checks the resident's friction areas for irritation			
13. Covers resident with top bedding			
14. Removes bath blanket			
15. Raises side rail			
16. Reties any restraints			
17. Puts call light within resident's reach			
18. Attends to resident's comfort and safety			

	S	U	N/A
19. Thanks resident for cooperating			
20. Removes soiled bath blanket			
21. Washes hands			
22. Reports any redness, irritation or skin breaks to the charge nurse			

Comments: ______________________________

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Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Administering Special Skin Care to Residents

Task: Massage a resident's reddened areas.

SUGGESTED NOTES | YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duty:
  Positioning and Moving Residents
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Give a backrub
  Drape a resident with a bath blanket or sheet
  Check bony prominences and friction areas for redness and irritation
  Handle clean and dirty linen
  Make an unoccupied bed

Performance Objective

Massage a resident's reddened skin areas to increase circulation and decrease redness.

Key Terms

affected area
bony prominences
circulation
fanfold
friction area
skin break
skin fold

Equipment and Supplies

bath blanket
cornstarch
skin lotion
powder

Audiovisuals and Resources

Recognition and prevention of bed sores (Filmstrip/cassette: No. 478). Garden Grove, CA: Trainex.

The prevention and treatment of decubiti (Filmstrip/cassette: No. 185). Garden Grove, CA: Trainex.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Drape the resident with a bath blanket.

*8. Bring top bedding from under the bath blanket and fanfold it.

9. Lower the side rail.
10. Untie any restraints.

*11. Check the resident's bony prominences and friction areas for redness and irritation.

12. Report any skin breaks or open sores to the charge nurse immediately.
13. Massage the reddened bony prominences of the resident.
    a. Put some lotion in your hands.
    *b. Rub away from the affected area.
    *c. Use firm circular motions.

*14. Check skin folds for redness or irritation.

*15. Apply powder or cornstarch to skin folds and friction areas.

16. Cover the resident with the top bedding.
17. Remove the bath blanket from under the top bedding.
18. Raise the side rail.
19. Retie any restraints.
20. Put the call light within the resident's reach.
21. Attend to the resident's comfort and safety.
22. Thank the resident for his cooperation.
23. Store the reusable equipment in the bedside table.

*24. Remove the soiled linen from the room.

25. Wash your hands.
26. Report any redness that remains after the massage to the charge nurse.

SUGGESTED NOTES	YOUR NOTES

***Key Points**

7. Review the task: "Drape a resident with a bath blanket or sheet," if necessary.

8. For instructions on fanfolding, review the task: "Make an unoccupied bed."

11. & 14. Review the task: "Check bony prominences and friction areas for redness and irritation," if necessary.

13b. Do not rub directly on the affected area; this may cause skin breaks.

13c. Review the task: "Give a backrub," if necessary.

15. Skin folds form creases between the thighs, under the breasts, between the buttocks, under the abdomen, and under the arms. A small amount of cornstarch or powder will help keep these areas dry; it should be completely washed off when the resident is bathed.

24. Review the task: "Handle clean and dirty linen," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Administering Special Skin Care to Residents
Task: Massage a resident's reddened areas.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers equipment			
3. Identifies resident			
4. Greets resident			
5. Explains task to resident			
6. Provides for resident's privacy			
7. Drapes resident with bath blanket			
8. Fanfolds top bedding			
9. Lowers side rail			
10. Unties any restraints			
11. Checks the resident's bony prominences and friction areas for redness			
12. Reports any open sores or skin breaks immediately			
13. Massages reddened bony prominences			
14. Checks skin folds for irritation			
15. Applies powder or cornstarch to skin folds			
16. Covers resident with top bedding			
17. Removes bath blanket			
18. Raises side rail			

	S	U	N/A
19. Reties any restraints	___	___	___
20. Puts call light within resident's reach	___	___	___
21. Attends to resident's comfort and safety	___	___	___
22. Thanks resident for cooperating	___	___	___
23. Stores reusable equipment in bedside table	___	___	___
24. Removes soiled linen	___	___	___
25. Washes hands	___	___	___
26. Reports any redness that remains after message to charge nurse	___	___	___

Comments: ____

____

Student's Signature: ____________________________

Instructor's Signature: ____________________________

Date: ____________________________

Duty: Administering Special Skin Care to Residents

Task: Give a backrub.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following tasks:
- Wash hands using medical asepsis
- Adjust a gatch-frame bed
- Move a resident into the lateral and Sim's positions
- Move a resident into the prone position
- Massage a resident's reddened areas

Performance Objective

Give the resident a backrub. Use circular motions and long, smooth strokes. The backrub should stretch and relax the resident's muscles.

Key Terms

decubitus ulcer
hairline
sacral area

Equipment and Supplies

skin lotion

Audiovisuals and Resources

Transparency: Giving a Backrub

SUGGESTED NOTES | YOUR NOTES

Performance Steps

1. Wash your hands.
2. Identify the resident.
3. Greet the resident.
4. Explain the task to the resident.
5. Provide for the resident's privacy.

*6. Raise the bed.

*7. Move the resident to the side of the bed nearest you and into the prone or Sim's position.

*8. Stand with your feet 1 foot apart and with one foot a little in front of the other.

9. Pour some lotion into the palm of your hand.

*10. Rub the resident's neck with your fingers.
   a. Begin at his shoulders and rub up to his hairline.
   b. Use long, smooth, circular strokes.

11. Rub the muscles along the resident's spine, from his buttocks to his shoulders.
    a. Rub toward the sacral area with long, smooth strokes.
    b. Rub back towards his neckline with long, smooth strokes.
12. Rub his shoulder blades and rib cage using broad, circular strokes and moving toward the sacrum.
13. Rub the resident's back for at least three to five minutes and until all of the lotion is absorbed.

*14. Check the resident's back for redness and irritation.

*15. Lower the bed.

16. Put the call light within the resident's reach.
17. Attend to the resident's comfort and safety.
18. Thank the resident for his cooperation.
19. Wash your hands.
20. Report anything unusual to the charge nurse.

SUGGESTED NOTES YOUR NOTES

***Key Points**

6. If the resident you are attending to is in a hi-lo bed, adjust the bed to a comfortable working height. This will reduce the possibility that you will strain your back. Review the task: "Adjust a gatch-frame bed," if necessary.

7. If the resident cannot be moved into the prone position, move him into the Sim's position. Review the tasks: "Move a resident into the prone position" and "Move a resident into the lateral and Sim's positions," if necessary.

8. This will give you a firm base of support and will help keep your back and arms from getting tired as you rub.

10. Use your fingers and thumbs. Rub slowly and steadily. This helps to increase the resident's circulation.

14. Check the resident's skin frequently for redness and irritation and perform additional skin care when necessary. This will help prevent serious problems, such as decubitus ulcers, from developing. Review the task: "Massage a resident's reddened areas," if necessary.

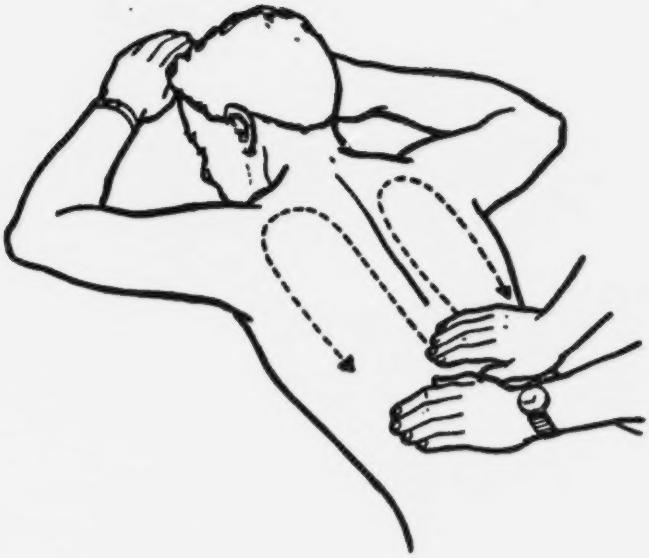
15. Review the task "Adjust a gatch-frame bed," if necessary.

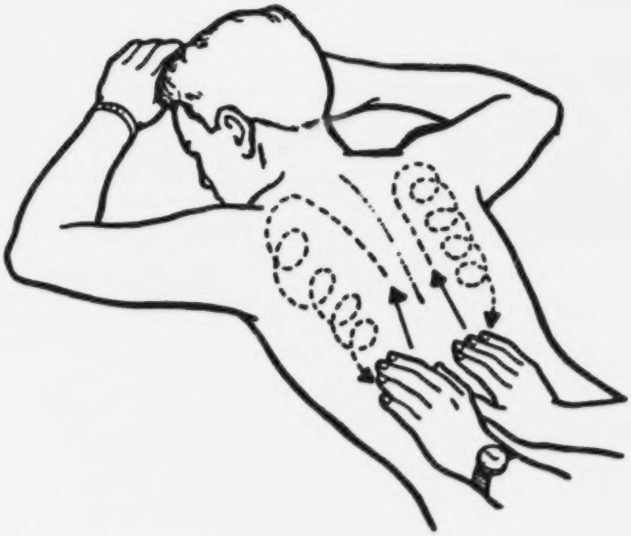
Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

GIVING A BACKRUB

THESE PICTURES SHOW THE HAND MOTIONS THAT SHOULD BE USED TO GIVE A BACKRUB TO A PATIENT. THE THREE PURPOSES OF A BACKRUB ARE TO RELAX THE PATIENT'S MUSCLES, TO STIMULATE CIRCULATION, AND TO REFRESH THE PATIENT.





Performance Checklist

Duty: Administering Special Skin Care to Residents
Task: Give a backrub.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands			
2.	Identifies resident			
3.	Greets resident			
4.	Explains task to resident			
5.	Provides for resident's privacy			
6.	Raises the bed			
7.	Moves resident into the prone or Sim's position			
8.	Stands with proper foot placement			
9.	Places lotion in hand			
10.	Rubs resident's neck			
11.	Rubs along resident's spine			
12.	Rubs resident's shoulder blades and rib cage			
13.	Rubs resident's back for at least three to five minutes			
14.	Checks the resident's back for redness and irritation			
15.	Lowers the bed			
16.	Puts call light within resident's reach			
17.	Attends to resident's comfort and safety			

	S	U	N/A
18. Thanks resident for cooperating			
19. Washes hands			
20. Reports anything unusual to charge nurse			

Comments:____

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Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Introduction

Using Supportive and Protective Aids

Nursing assistants must learn to use supportive and protective aids properly because using them improperly could cause residents a great deal of harm.

Supportive and protective aids are to be used to prevent the residents from injuring themselves and others or to help them maintain good posture. A restrictive aid should be used as a last resort. They are never to be used as a punishment or as a means of controlling residents when you think you are too busy to care for them. A protective aid cannot be used without a written order from the resident's doctor. When applying these aids, explain their purpose to the resident and answer any questions he or she may have.

Duty: Using Supportive and Protective Aids

Definitions of Key Terms

anti-decubitus pad—A lamb's wool pad that is placed under a resident's hips and lower back to help prevent decubitus ulcers and bedsores.

bony prominences—An area of the body where the bones extend outward from the surfaces of the skin, such as elbows, kneecaps, etc.

elbow protector—A soft pad that cradles the elbow to protect it from bedsores.

heel protector—A soft pad that cradles the heel to protect it from decubitus ulcers.

lateral position—Lying on one side with the legs outstretched and with one leg on top of the other. In this position, the bottom arm is placed slightly in front of the body and the top arm is either resting above the resident's side or is folded across the chest.

pressure sore—An open wound caused by the pressure that results from lying in one position for a long period of time. Also called decubitus ulcer or bedsore.

restricted circulation—Circulation that has been cut off or lessened. Restricted circulation can be caused by restraints that have been fastened too tightly.

skin break—An opening in the skin that indicates the beginning of a sore.

Duty: Using Supportive and Protective Aids

List of Equipment and Supplies

air mattress pump with electrical cord
anti-decubitus pads
circulating air mattress with hoses
elbow protectors
footboard
heel protectors
padding (lamb's wool, cloth, etc.)
restraint record
skin lotion
soft limb restraints
soft mittens
tape
vest restraint

Duty: Using Supportive and Protective Aids

Task: Place a footboard in a bed.

SUGGESTED NOTES YOUR NOTES

Prerequisite Skills

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duties:
  Making Beds for Residents
  Positioning and Moving Residents
Satisfactory demonstration of the following task:
  Wash hands using medical asepsis

Performance Objective

Place a footboard upright at the foot of the resident's bed. The resident's feet must be positioned flat against the board.

Key Terms

align
footboard
foot drop
upright

Equipment and Supplies

footboard
wrapping and padding materials
tape

Audiovisuals and Resources

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
*2. Obtain a footboard and padding to wrap the footboard with.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.
*7. Wrap the footboard in the padding and tape the loose ends.
8. Pull the top bedding loose from beneath the mattress at the foot of the bed and fold it back.
9. Place the footboard at the foot of the mattress.
10. Position the resident's feet flat against the footboard.
11. Bring the top bedding over the top of the footboard.
*12. Make the resident's bed.
13. Put the call light within the resident's reach.
14. Attend to the resident's comfort and safety.
15. Thank the resident for her cooperation.
16. Wash your hands.

***Key Points**

2. A footboard can be made of wood, cardboard, pillows, or blanket rolls. Some facilities may use high-top tennis shoes in place of footboards.

7. Wrap the footboard to prevent the resident's feet from coming in direct contact with its surface. This is more comfortable for the resident.

12. Review the duty: "Making Beds for Residents," if necessary. Your facility may use a type of footboard that will not allow you to tuck the top bedding underneath the mattress.

SUGGESTED NOTES YOUR NOTES

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Using Supportive and Protective Aids
Task: Place a footboard in a bed.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands			
2.	Obtains footboard and padding			
3.	Identifies resident			
4.	Greets resident			
5.	Explains task to resident			
6.	Provides for resident's privacy			
7.	Wraps footboard with padding and tapes loose ends			
8.	Pulls top bedding from beneath mattress and folds it back			
9.	Places footboard at foot of mattress			
10.	Positions resident's feet against footboard			
11.	Brings top bedding over footboard			
12.	Makes resident's bed			
13.	Puts call light within resident's reach			
14.	Attends to resident's comfort and safety			
15.	Thanks resident for cooperating			
16.	Washes hands			

Comments:____

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Student's Signature: ____________________________

Instructor's Signature: ____________________________

Date: ____________________________

Duty: Using Supportive and Protective Aids

Task: Place a circulating air mattress on a bed.

SUGGESTED NOTES	YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duty:
  Making Beds for Residents
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Move a resident from the bed into a chair and back

Performance Objective

Place a circulating air mattress on top of the resident's mattress. The air mattress pump must be placed under the resident's bed and plugged into an electrical outlet.

Key Terms

circulating air mattress
decubitus ulcer
friction area

Equipment and Supplies

circulating air mattress with hoses
air mattress pump with electrical cord

Audiovisuals and Resources

Transparency:
  Air Mattress

SUGGESTED NOTES YOUR NOTES

Performance Steps

*1. Receive instructions from the charge nurse to place an air mattress on the resident's bed.
2. Wash your hands.
*3. Gather the equipment.
4. Identify the resident.
5. Greet the resident.
6. Explain the task to the resident.
7. Provide for the resident's privacy.
8. Lower the side rail.
9. Untie any restraints.
*10. Transfer the resident from her bed to a chair.
11. Remove all the bedding from the bed.
12. Place the air mattress directly on top of the regular mattress with the pump near the closest outlet.
*13. Place a bottom sheet over the air mattress.
14. Plug the air mattress hoses into the pump according to the directions provided by the manufacturer.
15. Plug the pump into the electrical outlet.
*16. Switch on the pump.
*17. Make the bed.
*18. Transfer the resident from her chair to her bed.
19. Raise the side rail.
20. Retie any restraints.
21. Put the call light within the resident's reach.
*22. Attend to the resident's comfort and safety.
23. Thank the resident for her cooperation.
24. Wash your hands.

***Key Points**

1. The air mattress is used to help relieve stress on the resident's bony prominences and to prevent decubitus ulcers. Avoid puncturing the air mattress with pins and other sharp objects.

3. Check that the cords and plugs are intact and that the wires are not frayed.

10. & 18. Review the task: "Move a resident from the bed into a chair and back," if necessary.

SUGGESTED NOTES

YOUR NOTES

13. & 17. Review the task "Making an unoccupied bed," if necessary.

16. Allow the mattress to fill.

22. The resident must be turned regularly to prevent decubitus ulcers. The pump and mattress must be checked for proper functioning at least once every shift.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Using Supportive and Protective Aids
Task: Place a circulating air mattress on a bed.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory   U = Unsatisfactory   N/A = Not Applicable

	S	U	N/A
1. Receives instructions from charge nurse			
2. Washes hands			
3. Gathers equipment			
4. Identifies resident			
5. Greets resident			
6. Explains task to resident			
7. Provides for resident's privacy			
8. Lowers side rail			
9. Unties any restraints			
10. Transfers resident from bed to chair			
11. Removes all bedding			
12. Places air mattress on regular mattress			
13. Places bottom sheet over air mattress			
14. Plugs hoses into pump			
15. Plugs pump into electrical outlet			
16. Switches on pump			
17. Makes bed			
18. Transfers resident from chair to bed			
19. Raises side rail			

	S	U	N/A
20. Reties any restraints	___	___	___
21. Puts call light within resident's reach	___	___	___
22. Attends to resident's comfort and safety	___	___	___
23. Thanks resident for cooperating	___	___	___
24. Washes hands	___	___	___

Comments:____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Using Supportive and Protective Aids

Task: Place anti-decubitus pads under a resident.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following duties:
- Administering Special Skin Care to Residents
- Positioning and Moving Residents

Satisfactory demonstration of the following task:
- Wash hands using medical asepsis

Performance Objective

Place anti-decubitus pads under a resident. The pad must be beneath the resident's buttocks and sacral area.

Key Terms

anti-decubitus pad
bony prominence
fleece

Equipment and Supplies

anti-decubitus pad

Audiovisuals and Resources

SUGGESTED NOTES | YOUR NOTES

Performance Steps

1. Receive instructions from the charge nurse to place anti-decubitus pads under a resident.
2. Wash your hands.
3. Gather the equipment.
4. Identify the resident.
5. Greet the resident.
6. Explain the task to the resident.
7. Provide for the resident's privacy.
8. Lower the side rail.
9. Untie any restraints.

*10. Roll the resident away from you and onto his side.

11. Lay the anti-decubitus pad on top of the draw sheet under the resident's body prominences.

*12. Move the resident into the position he prefers or into the position specified by the turn schedule.

13. Raise the side rail.
14. Retie any restraints.
15. Put the call light within the resident's reach.
16. Attend to the resident's comfort and safety.
17. Thank the resident for his cooperation.
18. Wash your hands.
19. Report anything unusual to the charge nurse.

***Key Points**

10. Review the task: "Move a resident into the lateral and Sim's position," if necessary.

12. Review the duty: "Positioning and Moving Residents," if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Using Supportive and Protective Aids
Task: Place anti-decubitus pads under a resident.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Receives instructions from charge nurse	___	___	___
2. Washes hands	___	___	___
3. Gathers equipment	___	___	___
4. Identifies resident	___	___	___
5. Greets resident	___	___	___
6. Explains task to resident	___	___	___
7. Provides for resident's privacy	___	___	___
8. Lowers side rail	___	___	___
9. Unties any restraints	___	___	___
10. Rolls resident onto his side	___	___	___
11. Lays anti-decubitus pad on top of draw sheet under the resident's bony prominences	___	___	___
12. Moves the resident into the position he prefers or into the position specified by the turn schedule	___	___	___
13. Raises side rail	___	___	___
14. Reties any restraints	___	___	___
15. Puts call light within resident's reach	___	___	___
16. Attends to resident's comfort and safety	___	___	___
17. Thanks resident for cooperating	___	___	___

	S	U	N/A
18. Washes hands	___	___	___
19. Reports anything unusual to charge nurse	___	___	___

Comments:____

____

Student's Signature: ____________________________________

Instructor's Signature: ____________________________________

Date: ____________________________________

Duty: Using Supportive and Protective Aids

Task: Apply heel and elbow protectors.

SUGGESTED NOTES YOUR NOTES

Prerequisite Skills
Ability to apply the information provided in:
Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following tasks:
Wash hands using medical asepsis
Check bony prominences and friction areas for redness and irritation
Massage a resident's reddened areas

Performance Objective
Place heel and elbow protectors on a resident. The protectors must fit securely and must not restrict the resident's circulation.

Key Terms
elbow protector
heel protector
decubitus ulcer
restricted circulation

Equipment and Supplies
elbow protectors
heel protectors
skin lotion

Audiovisuals and Resources
Transparency:
Different kinds of heel and elbow protectors

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Check the resident's heels and elbows for redness and irritation.
   - a. Ask the charge nurse for instructions if the resident's skin condition has deteriorated or if he has an open sore.
   - *b. Massage the resident's heels and elbows with lotion if the skin appears normal.

*8. Place the cup-shaped heel protectors on each of the resident's heels.
*9. Fasten the ties of the heel protectors.
*10. Place the cup-shaped elbow protectors on the resident's elbow
*11. Fasten the ties of the elbow protectors.

12. Put the call light within the resident's reach.
13. Attend to the resident's comfort and safety.
14. Thank the resident for his cooperation.
15. Store the lotion.
16. Wash your hands.
17. Report anything unusual to the charge nurse.

***Key Points**

7. Review the task: "Check bony prominences and friction areas for redness and irritation," if necessary.

7b. Review the task: "Massage a resident's reddened areas," if necessary.

8. & 10. Heel and elbow protectors may be laundered and used again.

9. & 11. Check to make sure the protector fits properly. You should be able to slip two fingers between the protector and the resident.

SUGGESTED NOTES | YOUR NOTES

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Using Supportive and Protective Aids
Task: Apply heel and elbow protectors.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands			
2.	Gathers equipment			
3.	Identifies resident			
4.	Greets resident			
5.	Explains task to resident			
6.	Provides for resident's privacy			
7.	Checks resident's heels and elbows for redness and irritation			
8.	Puts heel protectors on resident			
9.	Ties heel protectors			
10.	Puts elbow protectors on resident			
11.	Ties elbow protectors			
12.	Puts call light within resident's reach			
13.	Attends to resident's comfort and safety			
14.	Thanks resident for cooperating			
15.	Stores lotion			

	S	U	N/A
16. Washes hands	___	___	___
17. Reports anything unusual to charge nurse	___	___	___

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Use Supportive and Protective Aids

Task: Apply soft mitten restraints.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
Knowledge of the health care regulations and ethical considerations involved in applying restraints.

Performance Objective

Apply soft mitten restraints as directed by the charge nurse. The soft mittens must restrict the movement of the resident's fingers.

Key Terms

restraint record
restricted circulation
soft mittens

Equipment and Supplies

restraint record
soft mittens

Audiovisuals and Resources

Transparency:
  Restraint Record

The use of restraints (Filmstrip/cassette: No. 655). Garden Grove, CA: Trainex.

The use of protective restraints (Filmstrip/cassette: No. 176). Garden Grove, CA: Trainex.

Posey inservice guide (1983). Arcadia, CA: J. T. Posey. J. T. Posey publishes this useful guide and also lends a variety of other training aids. For more information, write to them at: 5635 Peck Road, Arcadia, CA. 91006-0020

SUGGESTED NOTES | YOUR NOTES

Performance Steps

*1. Receive instructions from the charge nurse to apply soft mitten restraints.
2. Wash your hands.
3. Obtain the soft mittens.
4. Identify the resident.
5. Greet the resident.
6. Explain the task to the resident.
7. Provide for the resident's privacy.
8. Lower the side rail.
9. Slide the mitten onto the resident's hand.
10. Fasten the mitten.
11. Raise the side rail.
12. Thank the resident for his cooperation.
13. Put the call light within the resident's reach.
14. Attend to the resident's comfort and safety.
15. Return to the resident at least once every hour to check for restricted circulation in the restrained areas.
16. Untie the restraint, exercise the resident and retie the restraint every 2 hours.
17. Wash your hands.
*18. Record the time at which you applied the restraint and the type of restraint used.
19. Report anything unusual to the charge nurse.

***Key Points**

1. The charge nurse will have received a doctor's written order for the restraint. Soft mittens are used to keep a resident from scratching himself or pulling out an I.V. or catheter. Restraints should never be applied to a resident because the nursing assistant is too busy to care for him.

18. Many facilities provide a form for recording the use of restraints. Check the policy of your facility.

SUGGESTED NOTES YOUR NOTES

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Using Supportive and Protective Aids
Task: Apply soft mitten restraints.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Receives order from charge nurse to apply soft mitten restraints	___	___	___
2. Washes hands	___	___	___
3. Obtains soft mittens	___	___	___
4. Identifies resident	___	___	___
5. Greets resident	___	___	___
6. Explains task to resident	___	___	___
7. Provides for resident's privacy	___	___	___
8. Lowers side rail	___	___	___
9. Slides mitten onto resident's hand	___	___	___
10. Fastens mitten	___	___	___
11. Raises side rail	___	___	___
12. Thanks resident for cooperating	___	___	___
13. Puts call light within resident's reach	___	___	___
14. Attends to resident's comfort and safety	___	___	___
15. Checks resident at least once every hour	___	___	___
16. Unties restraint, exercises resident, and reties restraint every 2 hours	___	___	___
17. Washes hands	___	___	___

	S	U	N/A
18. Records use of restraint	___	___	___
19. Reports anything unusual to charge nurse	___	___	___

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ____________________________

Date: ____

Duty: Using Supportive and Protective Aids

Task: Apply soft limb restraints.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following task:
  Wash hands using medical asepsis
Knowledge of health care regulations and ethical considerations involved in applying restraints.

Performance Objective

Apply soft limb restraints as directed by the charge nurse. The soft limb restraints must restrict the movement of the resident's arms and legs.

Key Terms

restraint record
restricted circulation
soft limb restraints

Equipment and Supplies

padding (lamb's wool, cloths, etc.)
restraint record
soft limb restraints

Audiovisuals and Resources

Transparency:
  Restraint Record

The use of restraints (Filmstrip/cassette: No. 655). Garden Grove, CA: Trainex.

The use of protective restraints (Filmstrip/cassette: No. 176). Garden Grove, CA: Trainex.

Posey inservice guide. (1983). Arcadia, CA: J. T. Posey. J. T. Posey publishes this useful guide and also lends a variety of other training aids. For more information, write to them at: 5635 Peck Road, Arcadia, CA. 91006-0020.

SUGGESTED NOTES YOUR NOTES

Performance Steps

*1. Receive instructions from charge nurse to apply a soft limb restraint.
2. Wash your hands.
*3. Obtain the soft limb restraint and padding.
4. Identify the resident.
5. Greet the resident.
6. Explain the task to the resident.
7. Provide for the resident's privacy.
8. Lower the side rail.
9. Apply the restraint to the resident's limb, making sure that the padded side of the restraint is next to the resident's skin.
10. Use extra padding under the restraint to reduce pressure and prevent discomfort, if necessary.
11. Buckle or tie the restraint to the resident.
    *a. Place lamb's wool padding between the resident's skin and any knots, wrinkles, or buckles on the restraint.
    b. Check to make sure the restraint fits properly. You should be able to insert 2 fingers between the resident and the restraint.
*12. Tie the restraint to the bed or a chair.
13. Raise the side rail.
14. Thank the resident for his cooperation.
15. Put the call light within the resident's reach.
16. Attend to the resident's comfort and safety.
17. Return to the resident at least once every hour to check for restricted circulation in the restrained area.
18. Untie the restraint, exercise the resident, and retie the restraint every 2 hours.
19. Wash your hands.
*20. Record the time at which you applied the restraint and the type of restraint used.
21. Report anything unusual to the charge nurse.

SUGGESTED NOTES YOUR NOTES

***Key Points**

1. The charge nurse will have received a doctor's written order for the restraint. Restraints should never be applied to a resident because the nursing assistant is too busy to care for him. Restraints are to be used to insure the resident's safety by preventing him from injuring himself or others.

3. Soft limb restraints help to prevent the resident from getting out of a bed or chair and injuring himself. They can also be used to prevent the resident from pulling out an I.V. or catheter.

11a. The lamb's wool protects the resident's skin and helps prevent decubitus ulcers.

12. Never tie restraints to the side rails or other moveable parts of the bed. This can cause the restraint to tighten when the position of the bed is changed. Do not use elaborate knots that would take a long time to untie in an emergency.

20. Many facilities provide a form for recording the use of restraints. Check the policy of your facility.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Using Supportive and Protective Aids
Task: Apply soft limb restraints.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Receives instructions from charge nurse			
2. Washes hands			
3. Obtains soft limb restraint and padding			
4. Identifies resident			
5. Greets resident			
6. Explains task to resident			
7. Provides for resident's privacy			
8. Lowers side rail			
9. Applies restraint			
10. Uses extra padding			
11. Buckles or ties restraint			
12. Ties restraint to bed or chair			
13. Raises side rail			
14. Thanks resident for cooperating			
15. Puts call light within resident's reach			
16. Attends to resident's comfort and safety			
17. Checks resident at least once every hour			
18. Unties restraint, exercises resident, and reties restraint every 2 hours			
19. Washes hands			

	S	U	N/A
20. Records use of restraint			
21. Reports anything unusual to charge nurse			

Comments:

Student's Signature:

Instructor's Signature:

Date:

Duty: Using Supportive and Protective Aids

Task: Apply a vest restraint.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
Knowledge of the health care regulations and ethical considerations involved in applying restraints.

Performance Objective

Apply a vest restraint as directed by the charge nurse. The vest must limit the movement of the resident.

Key Terms

restraint record
restricted circulation
vest restraint

Equipment and Supplies

padding (lamb's wool, cloth, etc.)
restraint record
vest restraint

Audiovisuals and Resources

Transparency:
  Restraint Record

The use of restraints (Filmstrip/cassette: No. 655). Garden Grove, CA: Trainex.

The use of protective restraints (Filmstrip/cassette: No. 176). Garden Grove, CA: Trainex

Posey inservice guide. (1983). Arcadia, CA: J. T. Posey. J. T. Posey publishes this useful guide and also lends a variety of other training aids. For more information, write to them at: 5635 Peck Road, Arcadia, CA. 91006-0020.

SUGGESTED NOTES YOUR NOTES

Performance Steps

- *1. Receive instructions from the charge nurse to apply a vest restraint.
- 2. Wash your hands.
- *3. Choose a vest restraint that is the correct size for the resident.
- 4. Identify the resident.
- 5. Greet the resident.
- 6. Explain the task to the resident.
- 7. Provide for the resident's privacy.
- 8. Lower the side rail.
- 9. Put the vest restraint on the resident.
  - *a. Put the resident's arms through the arm holes with the lower neckline in front.
  - b. Place the end of one strap of the vest through the opening on the opposite side.
  - c. Adjust the straps.
- *10. Fasten the ties and buckles or zip the vest.
  - a. Check to make sure the vest fits properly. You should be able to insert four fingers between the vest and the resident.
  - *b. Place lamb's wool padding between the resident's skin and any knots, wrinkles, or buckles on the restraint.
  - c. Never tie restraints to the side rails or other movable parts of the bed. This can cause the restraint to tighten when the position of the bed is changed.
- 11. Raise the side rail.
- 12. Thank the resident for her cooperation.
- 13. Put the call light within the resident's reach.
- 14. Attend to the resident's comfort and safety.
- 15. Change the resident's position at least once every hour and check for restricted circulation in the restrained area.
- 16. Untie the restraint, exercise the resident, and retie the restraint every 2 hours.
- 17. Wash your hands.
- *18. Record the time at which you applied the restraint and the type of restraint used.
- 19. Report anything unusual to the charge nurse.

SUGGESTED NOTES YOUR NOTES

***Key Points**

1. The charge nurse will have received a doctor's written order for the restraint. Restraints should never be applied to a resident because the nursing assistant is too busy to care for her. Restraints are to be used to insure the resident's safety by preventing her from injuring herself or others; they can also be used to help a resident sit up straight.

3. Vests come in small, medium, large, and extra large sizes.

9a. This will enable the resident to breathe easily and will protect her from sliding down in the bed or chair and choking.

Side seams should be under the resident's arms and within 2 inches of her side.

10. Do not use elaborate knots that would take a long time to untie in an emergency.

10b. The lamb's wool will protect the resident's skin and help prevent decubitus ulcers.

18. Many facilities provide a form for recording the use of restraints. Check the policy of your facility.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Using Supportive and Protective Aids
Task: Apply a vest restraint.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Receives instructions from charge nurse			
2.	Washes hands			
3.	Chooses a vest restraint of correct size			
4.	Identifies resident			
5.	Greets resident			
6.	Explains task to resident			
7.	Provides for resident's privacy			
8.	Lowers side rail			
9.	Puts vest restraint on resident			
10.	Fastens ties and buckles or zips the vest restraint			
11.	Raises side rail			
12.	Thanks resident for cooperating			
13.	Puts call light within resident's reach			
14.	Attends to resident's comfort and safety			
15.	Changes resident's position at least once every hour			
16.	Unties restraint, exercises resident, and refastens restraint vest every 2 hours			
17.	Washes hands			

	S	U	N/A
18. Records time when restraint was applied and type of restraint used			
19. Reports anything unusual to charge nurse			

Comments:____

____

Student's Signature: ______________________________________

Instructor's Signature: ______________________________________

Date: ______________________________________

Introduction

Providing Daily Care

A.M. care is provided in the morning and consists of activities that prepare the resident for the day. These activities include changing the resident's bed linens, preparing the resident to eat breakfast, and helping residents bathe, dress, and brush their teeth (or otherwise attend to their oral hygiene). Residents should be encouraged to do as much as they can for themselves and they should be dressed and have their hair styled as they normally would. Ask residents about their personal preferences and honor them as much as possible.

P.M. Care is provided in the evening and consists of activities that prepare residents for bed. These activities include giving backrubs to residents and helping the residents brush their teeth (or otherwise attend to their oral hygiene), wash their face and hands, and dress for bed.

Any time you provide care, check the residents' bony prominences for redness and irritation to help prevent the development of decubitus ulcers. In addition, check incontinent residents frequently, change their bed linen, and clean them as often as necessary.

Remember to preserve the dignity of the residents at all times. Address residents by their titles (that is, Mr., Mrs., Dr., etc.) and their surnames, not by their first name or by some term of endearment, such as "honey" or "sweetie." Pull the curtain around residents' beds before you perform any tasks and talk to residents as you do your work. Through talking with residents you can learn something about their life histories (and perhaps past events in general) and gain an appreciation of any difficulties they may be experiencing.

Duty: Providing Daily Care

Definitions of Key Terms

See duties and tasks listed under Prerequisites.

Duty: Providing Daily Care

List of Equipment and Supplies

See duties and tasks listed under Prerequisites.

Duty: Providing Daily Care

Task: Assist a resident with A.M. care.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duties:
  Medical Asepsis and Cleaning
  Making Beds for Residents
  Dressing and Undressing Residents
  Administering Special Skin Care to Residents
  Ambulating and Transferring Residents
  Assisting with Oral Hygiene
  Assisting with Urine Elimination
  Positioning and Moving Residents
Satisfactory demonstration of the following tasks:
  Comb a resident's hair
  Shave a resident's face with a safety razor
  Shave a resident's face with an electric razor
  Wash a resident's face and hands
  Assist a resident with a partial bath
  Assist a resident to take a shower
  Give a complete bed bath to a resident

Performance Objective

Assist a resident with the activities of A.M. care. The resident must be clean, dressed, and ready for his daily activities.

Key Terms

Refer to the specific duty or task listed under Prerequisites.

Equipment and Supplies

Refer to the specific duty or task listed under Prerequisites.

Audiovisuals and Resources

Refer to the specific duty or task listed under Prerequisites.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Provide for the resident's privacy.
6. Explain the task to the resident.
7. Assist the resident with his elimination needs.
8. Bathe the resident.
9. Check the resident's bony prominences and friction areas for redness and irritation.
10. Help the resident brush his teeth or clean his dentures.
11. Help the resident shave.
12. Help the resident dress.
13. Comb and style the resident's hair.
14. Help the resident put on his eyeglasses, hearing aid, jewelry, watch, etc.
15. Help the resident get out of bed.
16. Make the resident's bed.
17. Remove the soiled linen from the room.
18. Clean the reusable equipment.
19. Store the reusable equipment.
20. Put the call light within the resident's reach.
21. Attend to the resident's comfort and safety.
22. Thank the resident for his cooperation.
23. Wash your hands.
24. Report the completion of A.M. care and anything unusual to the charge nurse.

***Key Points**

A.M. care is a series of tasks and activities completed at the same time each morning. Review the tasks and duties listed above under Prerequisites for the performance steps involved in each activity required in A.M. care.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Providing Daily Care
Task: Assist a resident with A.M. care.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands			
2.	Gathers equipment			
3.	Identifies resident			
4.	Greets resident			
5.	Provides for resident's privacy			
6.	Explains task to resident			
7.	Assists resident with his elimination needs			
8.	Bathes resident			
9.	Checks resident's bony prominences and friction areas			
10.	Helps resident brush his teeth or clean his dentures			
11.	Helps resident shave			
12.	Helps resident dress			
13.	Combs and styles resident's hair			
14.	Helps resident put on his eyeglasses, hearing aid, etc.			
15.	Helps resident get out of bed			
16.	Makes bed			
17.	Removes soiled linen			
18.	Cleans reusable equipment			

	S	U	N/A
19. Stores reusable equipment			
20. Puts the call light within resident's reach			
21. Attends to resident's comfort and safety			
22. Thanks resident for cooperating			
23. Washes hands			
24. Reports completion of A.M. care and anything unusual to the charge nurse			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Providing Daily Care

Task: Assist a resident with P.M. care.

SUGGESTED NOTES | YOUR NOTES

Prerequisites

Ability to apply the information provided in:
- Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following duties:
- Medical Asepsis and Cleaning
- Assisting with Urine Elimination
- Administering Special Skin Care to Residents
- Dressing and Undressing Residents
- Ambulating and Transferring Residents
- Positioning and Moving Residents
- Assisting with Oral Hygiene

Satisfactory demonstration of the following tasks:
- Wash a resident's face and hands
- Give a backrub
- Assist a resident to take a shower
- Assist a resident to take a tub bath
- Assist a resident with a partial bath
- Measure and compute oral intake
- Record oral intake
- Help a resident with meals
- Feed a dependent resident

Performance Objective

Assist a resident with the activities of P.M. care. The resident must be clean, dressed in suitable sleepwear, and ready for bed.

Key Terms

Refer to the specific duty or task listed under Prerequisites.

Equipment and Supplies

Refer to the specific duty or task listed under Prerequisites.

Audiovisuals and Resources

Refer to the specific duty or task listed under Prerequisites.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Provide for the resident's privacy.
6. Explain the task to the resident.

*7. Provide the resident with a bedtime snack if her diet allows her to eat one.

8. Assist the resident with her elimination needs.
9. Help the resident brush her teeth or clean her dentures.
10. Soak the resident's dentures for the night.
11. Help the resident wash her face and hands.
12. Help the resident undress.
13. Bathe the resident, if necessary.
14. Check the resident's bony prominences and friction areas for redness and irritation.
15. Help the resident put on sleepwear.
16. Help the resident into bed.
17. Give the resident a backrub.
18. Put the call light within the resident's reach.
19. Attend to the resident's comfort and safety.
20. Thank the resident for her cooperation.
21. Clean the reusable equipment.
22. Store the reusable equipment.
23. Remove the soiled linen from the room.
24. Wash your hands.
25. Report the completion of P.M. care and anything unusual to the charge nurse.

***Key Points**

P.M. care is a series of tasks and activities completed at the same time each evening. Review the tasks and duties listed above under Prerequisites for the performance steps involved in each activity required in P.M. care.

7. Many facilities provide bedtime snacks for the residents. Check the policy of your facility.

SUGGESTED NOTES	YOUR NOTES

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Providing Daily Care
Task: Assist a resident with P.M. care.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers equipment			
3. Identifies resident			
4. Greets resident			
5. Provides for resident's privacy			
6. Explains task to resident			
7. Provides resident with a bedtime snack			
8. Assists resident with elimination needs			
9. Helps resident brush her teeth or her dentures			
10. Soaks dentures			
11. Helps resident wash face and hands			
12. Helps resident undress			
13. Bathes the resident, if necessary			
14. Checks resident's bony prominences and friction areas			
15. Helps resident put on sleepwear			
16. Helps resident get into bed			
17. Gives resident a backrub			

	S	U	N/A
18. Puts call light within resident's reach			
19. Attends to resident's comfort and safety			
20. Thanks resident for cooperating			
21. Cleans reusable equipment			
22. Stores reusable equipment			
23. Removes soiled linen			
24. Washes hands			
25. Reports completion of P.M. care and anything unusual to charge nurse			

Comments:____

____

Student's Signature: ____________________________

Instructor's Signature: ____________________________

Date: ____________________________

Introduction

Determining the Vital Signs of Residents

The vital signs of the human body are the temperature, pulse, blood pressure, and respiratory rate. At one time or another, you will be responsible for measuring one or more of a resident's vital signs.

When you take a person's temperature, you measure his or her body heat. The body produces heat by breaking down the food it consumes and by engaging in physical activity. The body also loses heat through perspiration and breathing. A person's temperature is thus the amount of heat his body produces minus the amount of heat his body loses.

When the body is functioning properly, its temperature will fall within the normal range, that is, between 97.6F and 99.6F or between 36C and 38C. It is important to remember that while this is generally considered to be the normal range of body temperatures, some people may have a temperature that does not fall within this range but is normal for them.

Body temperature is measured by a thermometer, which is a slender, glass tube with a bulb on one end that is filled with mercury. When the bulb is introduced to heat, the mercury expands and rises in the tube, indicating a temperature reading. There are two types of glass thermometers: oral and rectal. The oral thermometer has a blue stem and a slender bulb. The rectal thermometer has a red stem and a round bulb. You must be able to distinguish between the two because using an oral thermometer to take a rectal temperature could injure a resident.

To reduce the spread of germs and the possibility of infection, each resident should have his own glass thermometer. It should be stored in a solution of alcohol or some other antiseptic agent; this will help prevent the growth of disease-causing organisms although it will not completely kill them, nor will it sterilize the thermometer.

Electronic thermometers are also available. These thermometers are battery-powered and show the temperature reading on a lighted display that is much like that of a digital watch or clock. An electronic thermometer is more accurate than a glass thermometer because the human error involved in taking the temperature reading is eliminated. It is also sanitary because after each use the disposable plastic cover on the electronic probe, which is the only part of the thermometer that comes in contact with the resident, is thrown away.

Body temperature is measured by placing the thermometer under the tongue, under the arm, or into the rectum. These methods measure the oral, axillary, and rectal temperatures, respectively. The most common way to take a person's temperature is by placing a thermometer under his or her tongue. Rectal temperature is taken when residents have a history of seizures, when they cannot keep an oral thermometer in place, or when they are unconscious. Rectal temperature is not taken when residents are combative or have hemorrhoids, bleeding from the rectum, or diarrhea. Axillary temperature is taken in children or residents who cannot have their temperature measured orally or rectally.

Thermometers measure temperature according to the Fahrenheit or Celsius scales, both of which are divided into units of measure called degrees. The Fahrenheit scale goes from 94 to 110 degrees and the Celsius scale, which is also called the centigrade scale, goes from 34 to 43 degrees. Each long line on a thermometer equals one degree. Each short line on a thermometer equals two-tenths of a degree on a Fahrenheit scale and one-tenth of a degree on the Celsius scale. It is important to be accurate when you read a thermometer, to write down the thermometer reading immediately so that you do not forget it, and to report the resident's temperature in the scale of measurement used by your facility.

Duty: Determining the Vital Signs of Residents

Definitions of Key Terms

anus--The opening through which feces pass.

axilla--The armpit.

axillary--The area around the armpit.

Celsius (C)--Another name for the centigrade temperature scale.

centigrade (C)--A temperature scale based upon 100 units called degrees. In the centigrade scale, the freezing point of water is zero degrees and the boiling point of water is 100 degrees.

degree--A unit for measuring temperature.

electronic thermometer--A battery-powered thermometer that displays a temperature reading in lighted numbers.

elevated temperature--A temperature above normal. (See normal range of temperature.)

Fahrenheit--A temperature scale. In the Fahrenheit scale, the freezing point of water is 32 degrees and the boiling point of water is 212 degrees.

fever--Body temperature above normal. (See normal range of temperature.)

hyperthermia--Condition that exists when the body temperature is above normal. (See normal range of temperature.)

hypothermia--Condition that exists when the body temperature is below normal. (See normal range of temperature.)

probe--The attachment of an electronic thermometer that senses temperature.

probe cover--The disposable cover that is placed over the probe of an electronic thermometer when taking a person's temperature.

pyrexia—Another word for a fever or a temperature above normal. (See normal range of temperature.)

rectum—The lowest part of the large intestine, which ends at the anus.

temperature—A measurement of body heat.

thermometer—An instrument that measures body temperature. Different thermometers measure oral, rectal, and axillary temperatures.

vital signs—Temperature, pulse, respiratory rate, and blood pressure.

Duty: Determining the Vital Signs of Residents

List of Equipment and Supplies

alcohol prep pad
blood pressure cuff
electronic thermometer with probe attachment
facial tissues
oral thermometer (glass)
paper
pen
probe covers (disposable)
rectal thermometer (glass)
stethoscope
water-based lubricating jelly

Duty: Determining the Vital Signs of Residents

Task: Use a glass thermometer to take an oral temperature.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following task:
  Wash hands using medical asepsis
Ability to:
  read decimal numbers to tenths
  determine when 3 minutes have passed
  recognize an abnormal temperature reading

Performance Objective

Measure and record the resident's oral temperature. Your thermometer reading must match your instructor's to one-tenth of a degree.

Key Terms

Celsius (C)
centigrade (C)
degree
elevated temperature
Fahrenheit (F)
fever
hyperthermia
hypothermia
temperature
thermometer
vital signs

Equipment and Supplies

glass oral thermometer
pen and paper
tissue or alcohol prep pad

Audiovisuals and Resources

Transparency:
  Types of thermometers.
  How to read the thermometer.

Temperature, pulse, and respiration (Filmstrip/cassette: No. 371). Garden Grove, CA: Trainex.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Ask the resident if she has had a hot or cold drink within the last 10 minutes.
    a. If she has, wait 10 minutes to take her temperature.
    b. If not, proceed with the task.

*8. Remove the thermometer from its storage container.

*9. Inspect the thermometer carefully for cracks or chips.

10. Rinse the thermometer in the resident's sink.

*11. Shake down the thermometer.
    a. Grasp the end of thermometer tightly between your thumb and index finger.
    b. Stand away from objects you might bump into with the thermometer.
    c. Snap your wrist to shake the thermometer a few times.
    d. Check the position of the column of mercury. It should be below 95 F or 35 C. If not, shake the thermometer again.

12. Place the thermometer in the resident's mouth under her tongue.
    a. Ask the resident to close her lips and not to talk while the thermometer is in place.
    b. Instruct the resident not to bite down on the thermometer.

13. Leave the themometer in place for 3 minutes.
14. Remove the thermometer from the resident's mouth.
15. Wipe the thermometer with a tissue or alcohol prep pad.
16. Read the thermometer.
    a. Hold the thermometer so that the column of mercury is clearly visible.
    b. Read the number of degrees at the end of the column of mercury.

SUGGESTED NOTES YOUR NOTES

c. Read the tenths of degrees at the end of the column of mercury.

*17. Write down the temperature reading.
18. Shake down the thermometer.
*19. Store the thermometer.
20. Put the call light within the resident's reach.
21. Attend to the resident's comfort and safety.
22. Thank the resident for her cooperation.
23. Wash your hands.
24. Record the resident's temperature.
25. Report an abnormal temperature to the charge nurse.

***Key Points**

7. If the resident has had anything hot or cold to drink within 10 minutes prior to having her temperature taken, the thermometer reading you obtain will be altered.

8. & 19. Every health care facility has a policy regarding the storage and cleaning of items such as thermometers. Follow the policy of your facility.

9. Never use a chipped or cracked thermometer; it could injure the resident. Replace thermometers as necessary.

11. If the mercury is not below 95 F or 35 C, you will not obtain an accurate reading.

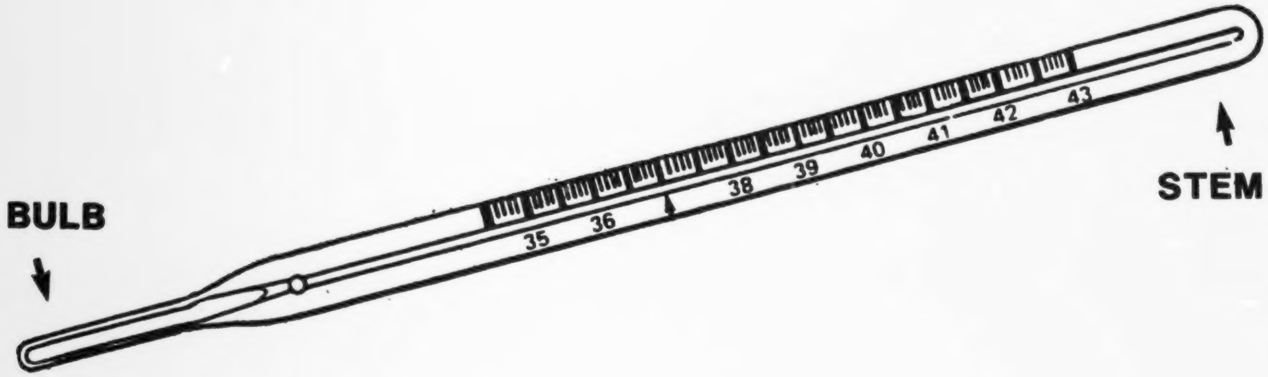
17. As soon as you read the thermometer, write down the resident's temperature so that you do not forget it.

Student Activity/Assignment

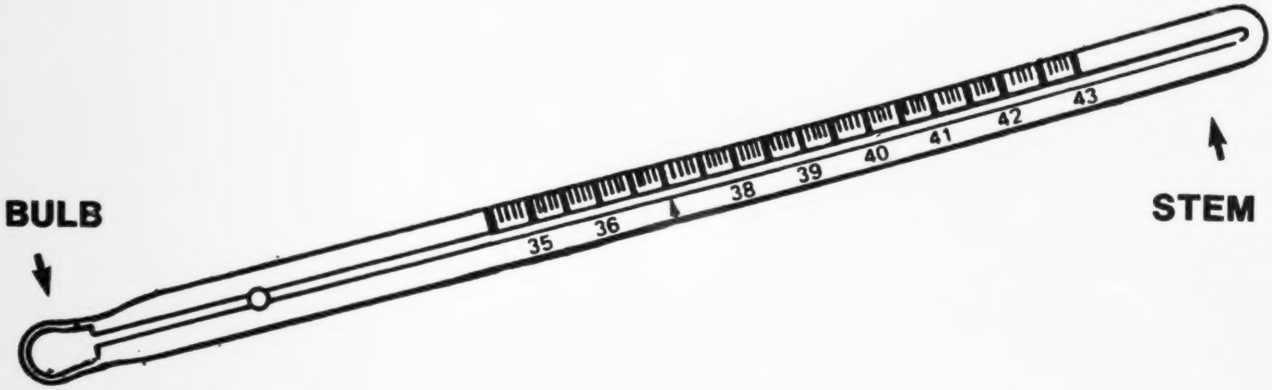
1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

TYPES OF GLASS THERMOMETERS

ORAL THERMOMETER: THE BULB IS THIN AND SLENDER.


BULB
STEM
35
36
38
39
40
41
42
43

RECTAL THERMOMETER: THE BULB IS SHORTER AND ROUNDER THAN THE ORAL THERMOMETER. THIS SHAPE IS SAFER TO INSERT INTO THE PATIENT'S RECTUM.


BULB
STEM
35
36
38
39
40
41
42
43

Performance Checklist

Duty: Determining the Vital Signs of Residents
Task: Use a glass thermometer to take an oral temperature.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers equipment			
3. Identifies resident			
4. Greets resident			
5. Explains task to resident			
6. Provides for resident's privacy			
7. Asks resident about recent fluid intake			
8. Removes thermometer from container			
9. Inspects thermometer			
10. Rinses thermometer			
11. Shakes down thermometer			
12. Places thermometer in resident's mouth under her tongue			
13. Leaves thermometer in place 3 minutes			
14. Removes thermometer			
15. Wipes thermometer			
16. Reads thermometer			
17. Writes down temperature			
18. Shakes down thermometer			
19. Stores thermometer			

		S	U	N/A
20.	Puts call light within resident's reach			
21.	Attends to resident's comfort and safety			
22.	Thanks resident for cooperating			
23.	Washes hands			
24.	Records temperature reading			
25.	Reports anything abnormal to charge nurse			

Comments:____

____

Student's Signature: ____________________________

Instructor's Signature: ____________________________

Date: ____________________________

Duty: Determining the Vital Signs of Residents

Task: Use a glass thermometer to take an axillary temperature.

SUGGESTED NOTES YOUR NOTES

Prerequisites

- Ability to apply the information provided in:
  - Working with Residents of Long-Term Care Facilities
- Satisfactory demonstration of the following tasks:
  - Wash hands using medical asepsis
  - Use a glass thermometer to take an oral temperature
- Ability to:
  - read decimal numbers to tenths
  - determine when 10 minutes have passed
  - recognize an abnormal temperature reading

Performance Objective

Use an oral or rectal thermometer to measure and record the resident's axillary temperature. Your thermometer reading must match your instructor's to one-tenth of a degree.

Key Terms

- axilla
- axillary
- Celsius (C)
- centigrade (C)
- degree
- elevated temperature
- Fahrenheit (F)
- fever
- hyperthermia
- hypothermia
- temperature
- thermometer
- vital signs

Equipment and Supplies

- oral or rectal thermometer
- paper towel or tissue
- paper and pen

SUGGESTED NOTES YOUR NOTES

Audiovisuals and Resources

Transparency:

- Types of Thermometers
- How to Read the Thermometer

Temperature, pulse, and respiration (Filmstrip/cassette: No. 371). Garden Grove, CA: Trainex.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Remove the thermometer from its storage container.

*8. Inspect the thermometer carefully for cracks or chips.

9. Rinse thermometer at the resident's sink.
10. Dry off the resident's axilla with a non-abrasive paper towel, tissue, or dry washcloth.

*11. Shake down the thermometer.
   a. Grasp the end of the thermometer tightly between your thumb and index finger.
   b. Stand away from objects you might bump into with the thermometer.
   c. Snap your wrist a few times to shake the thermometer.
   d. Check the position of the column of mercury. It should be below 95 F or 35 C. If not, shake the thermometer again.

12. Place the thermometer under the resident's arm, in the axilla.
   a. Ask the resident to cross her arm over her chest.
   b. Help the resident hold her arm across her chest, if necessary.
13. Keep the thermometer in place for 10 minutes.
14. Remove the thermometer.

*15. Read the thermometer.
   a. Hold thermometer so that column of mercury is clearly visible.
   b. Read the number of degrees at the end of the column of mercury.
   c. Read the tenths of degrees at the end of the column of mercury.

*16. Write down the temperature reading.

17. Shake down the thermometer.

*18. Store the thermometer.

19. Put the call light within the resident's reach.

20. Attend to the resident's comfort and safety.
21. Thank the resident for her cooperation.
22. Wash your hands.
23. Record the resident's temperature.
24. Report an abnormal temperature to the charge nurse.

***Key Points**

7. & 18. Every health care facility has a policy regarding the storage and cleaning of items such as thermometers. Follow the policy of your facility.

8. Never use a chipped or cracked thermometer; it could injure a resident. Replace thermometers as necessary.

11. If the mercury is not below 95 F or 35 C, you will not obtain an accurate reading.

15. Review the task: "Use a glass thermometer to take an oral temperature," if necessary.

16. As soon as you read the thermometer, write down the resident's temperature so that you do not forget it.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Determining the Vital Signs of Residents
Task: Use a glass thermometer to take an axillary temperature.

Directions: Practice this task after it has been demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands			
2.	Gathers equipment			
3.	Identifies resident			
4.	Greets resident			
5.	Explains task to resident			
6.	Provides for resident's privacy			
7.	Removes thermometer from container			
8.	Inspects thermometer			
9.	Rinses thermometer			
10.	Dries axilla			
11.	Shakes down thermometer			
12.	Places thermometer under the resident's arm			
13.	Holds thermometer in place 10 minutes			
14.	Removes thermometer			
15.	Reads thermometer			
16.	Writes down temperature reading			
17.	Shakes down thermometer			
18.	Stores thermometer			
19.	Puts call light within resident's reach			

	S	U	N/A
20. Attends to resident's comfort & safety			
21. Thanks resident for cooperating			
22. Washes hands			
23. Records the resident's temperature			
24. Reports anything unusual to charge nurse			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Determining the Vital Signs of Residents

Task: Use a glass thermometer to take a rectal temperature.

SUGGESTED NOTES YOUR NOTES

Prerequisites

- Ability to apply the information provided in:
  - Working with Residents of Long-Term Care Facilities
- Satisfactory demonstration of the following tasks:
  - Wash hands using medical asepsis
  - Move the resident into the lateral and Sim's position
  - Use a glass thermometer to take an oral temperature
- Ability to:
  - read decimal numbers to tenths
  - determine when 5 minutes have passed
  - identify a rectal thermometer
  - recognize an abnormal temperature reading

Performance Objective

Measure and record the resident's rectal temperature. Your thermometer reading must match your instructor's to one-tenth of a degree.

Key Terms

- anus
- Celsius (C)
- centigrade (C)
- degree
- elevated temperature
- Fahrenheit (F)
- fever
- hyperthermia
- hypothermia
- rectal
- temperature
- thermometer
- vital signs

Equipment and Supplies

- tissue or alcohol prep pad
- glass rectal thermometer
- pen and paper
- water-based lubricating jelly

SUGGESTED NOTES YOUR NOTES

Audiovisuals and Resources

Transparencies
- Types of Thermometers
- How to Read the Thermometer

Temperature, pulse, and respiration (Filmstrip/cassette: No. 371). Garden Grove, CA: Trainex.

SUGGESTED NOTES

YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Remove the rectal thermometer from its storage container.

*8. Inspect the thermometer carefully for cracks or chips.

9. Rinse the thermometer in the resident's sink.
10. Place the bed in the flattest position the resident can tolerate.

*11. Move the resident into the Sim's position.

*12. Shake down the thermometer.
   a. Grasp the end of the thermometer tightly between your thumb and index finger.
   b. Stand away from objects you might bump into with the thermometer.
   c. Snap your wrist a few times to shake the thermometer.
   d. Check the position of the column of mercury. It should be below 95 F or 35 C. If not, shake the thermometer again.

*13. Lubricate the rectal thermometer.
   a. Place a small amount of water-based lubricating jelly on a tissue.
   b. Use this tissue to apply jelly to the bulb of the thermometer.

14. Insert the rectal thermometer.
   a. Raise the upper buttock of the resident until you can see the anus.
   b. Gently insert the thermometer one inch into the anus.
   c. Reassure the resident, if necessary.

*15. Hold the thermometer in place for 5 minutes.

16. Remove the thermometer.
17. Wipe the thermometer from the stem to the bulb with tissue or alcohol prep pad.

SUGGESTED NOTES YOUR NOTES

*18. Read the thermometer.
    a. Hold the thermometer so that the column of mercury is clearly visible.
    b. Read the number of degrees at the end of the column of mercury.
    c. Read the tenths of degrees at the end of the column of mercury.
*19. Write down the temperature reading.
20. Shake down the thermometer.
*21. Store the thermometer.
22. Put the call light within the resident's reach.
23. Attend to the resident's comfort and safety.
24. Thank the resident for his cooperation.
25. Wash your hands.
26. Record the resident's temperature.
27. Report an abnormal temperature to the charge nurse.

***Key Points**

7. & 21. Every health care facility has a policy regarding the storage and cleaning of items such as thermometers. Follow the policy of your facility.

8. Never use a chipped or cracked thermometer; it could injure the resident. Replace thermometers as necessary.

11. Review the task: "Move a resident into the lateral and Sim's position," if necessary.

12. If the mercury is not below 95 F or 35 C, you will not obtain an accurate reading.

13. Lubricating the rectal thermometer makes it easier to insert and therefore more comfortable for the resident.

15. Never leave a resident unattended with a rectal thermometer in place. The resident could roll over and injure himself.

18. Review the task: "Use a glass thermometer to take an oral temperature," if necessary.

SUGGESTED NOTES | YOUR NOTES

19. As soon as you can read the themometer, write down the resident's temperature so that you do not forget it.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Determining the Vital Signs of Residents
Task: Use a glass thermometer to take a rectal temperature.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers equipment			
3. Identifies resident			
4. Greets resident			
5. Explains task to resident			
6. Provides for resident's privacy			
7. Removes rectal thermometer from container			
8. Inspects thermometer			
9. Rinses rectal thermometer			
10. Places bed in flattest position resident can tolerate			
11. Moves resident into the Sim's position			
12. Shakes down thermometer			
13. Lubricates thermometer			
14. Inserts thermometer			
15. Holds thermometer in place for 5 minutes			
16. Removes thermometer			
17. Wipes thermometer			
18. Reads thermometer			
19. Writes down temperature reading			

	S	U	N/A
20. Shakes down thermometer			
21. Stores thermometer			
22. Puts call light within resident's reach			
23. Attends to resident's comfort and safety			
24. Thanks resident for cooperating			
25. Washes hands			
26. Records temperature reading			
27. Reports anything unusual to charge nurse			

Comments: ____________________

____

Student's Signature: ____________________

Instructor's Signature: ____________________

Date: ____________________

Duty: Determining the Vital Signs of Residents

Task: Use an electronic thermometer.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Use a glass thermometer to take an oral temperature
  Use a glass thermometer to take a rectal temperature
  Use a glass thermometer to take an axillary temperature
Ability to recognize an abnormal temperature

Performance Objective

Use an electronic thermometer to measure a resident's oral, rectal, or axillary temperature. Your thermometer reading must match your instructor's to one-tenth of a degree.

Key Terms

Celsius (C)
centigrade (C)
degree
electronic thermometer
elevated temperature
Fahrenheit (F)
fever
hyperthermia
hypothermia
probe
probe cover
temperature
thermometer
vital signs

Equipment and Supplies

electronic thermometer
probe attachment
disposable plastic probe covers
pen and paper

SUGGESTED NOTES YOUR NOTES

Audiovisuals and Resources

Transparency:

Parts of an Electronic Thermometer

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.
7. Plug the proper probe into the base of the thermometer.
    a. Use the probe with the blue top to measure oral temperature or axillary temperature.
    b. Use the probe with the red top to measure rectal temperature.
8. Check to see that the probe of the thermometer is tightly connected to the base.
9. Insert the probe into a disposable probe cover.

*10. Use the covered probe to take the resident's temperature.
    *a. Hold the covered probe in the resident's mouth to take her oral temperature.
    b. Hold the covered probe in the resident's rectum to take her rectal temperature.
    c. Hold the covered probe in the center of the resident's armpit to take her axillary temperature.

*11. Wait for the buzzer to sound.

12. Remove the covered probe.
13. Read the numbers displayed on the digital screen in the base of the thermometer.

*14. Write down the temperature reading.

15. Discard the used probe cover.
    a. Hold the probe over the trash can.
    b. Push the button on the end of the probe to release the cover into the trash can.
    *c. Do not touch the used probe cover when discarding it.

*16. Place the probe in its stored position in the base of the thermometer.

17. Put the call light within the resident's reach.
18. Attend to the resident's comfort and safety.
19. Thank the resident for her cooperation.
20. Wash your hands.

SUGGESTED NOTES YOUR NOTES

*21. Store the thermometer in its charging stand.
22. Record the resident's temperature.
23. Report an abnormal temperature to the charge nurse.

***Key Points**

10. Review the tasks: "Use a glass thermometer to take an oral temperature," "Use a glass thermometer to take a rectal temperature,"and "Use a glass thermometer to take an axillary temperature," if necessary.

10a. Because the probe of an electronic thermometer is heavier than a glass thermometer, you must hold it while taking a temperature.

11. The buzzer sounds when enough time has passed to obtain an accurate reading.

14. As soon as you read the thermometer, write down the resident's temperature so that you do not forget it.

15c. This will help prevent the spread of germs.

16. When you return the probe to its stored position, the reading automatically returns to zero.

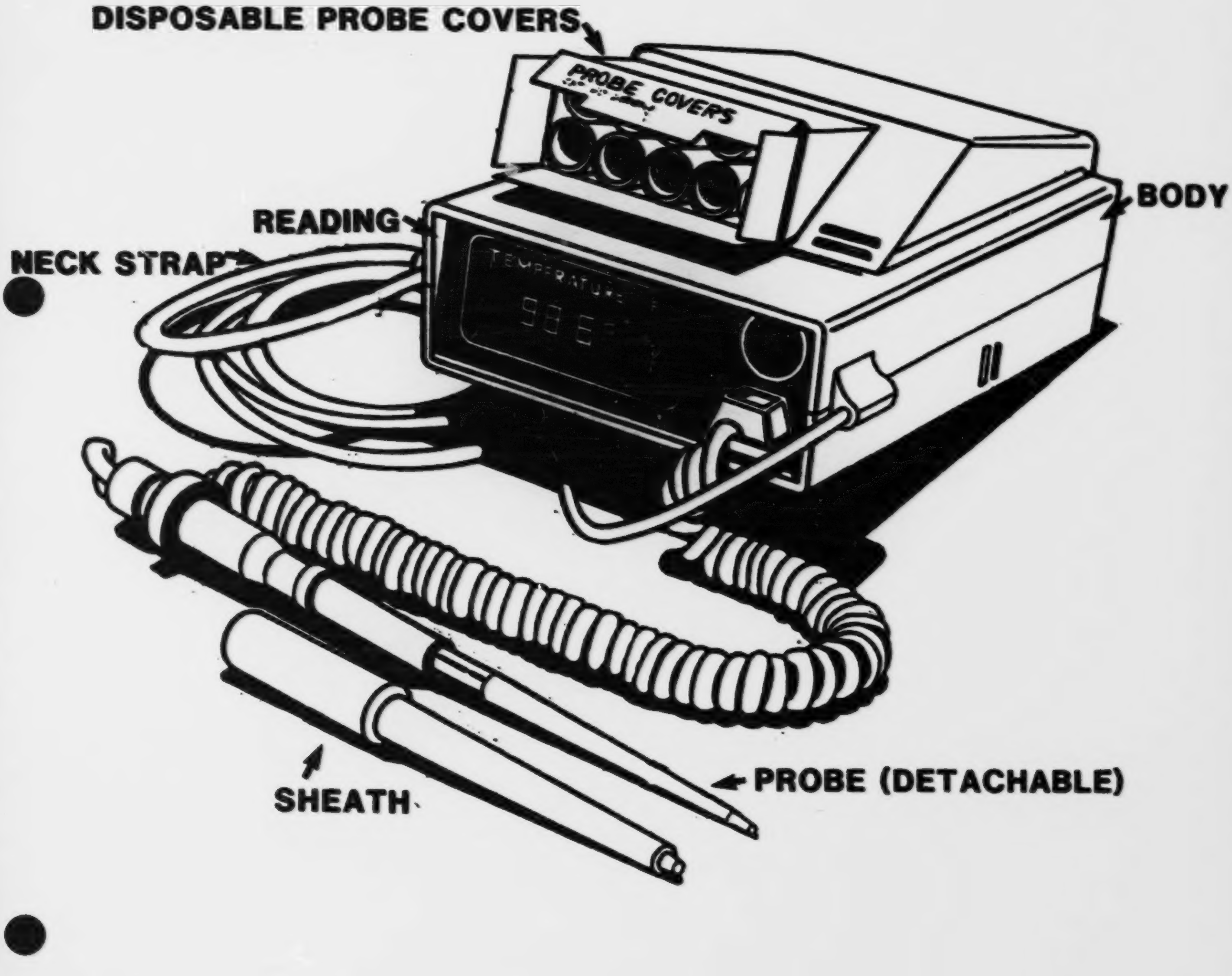
21. An electronic thermometer is battery operated. In order to take an accurate reading, it must maintain a full charge. For this reason, it should be stored in its charging stand when not in use.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

THE ELECTRONIC THERMOMETER

AN E.T. READS A PATIENT'S TEMPERATURE AUTOMATICALLY AND DISPLAYS THE READING ON A DIGITAL SCREEN. E.T.'S ARE BATTERY-POWERED AND HAVE TWO COLOR-CODED ATTACHMENTS FOR MEASURING TEMPERATURE: A BLUE PROBE FOR ORAL USE AND A RED PROBE FOR RECTAL USE. THESE PROBES ARE COVERED WITH A DISPOSABLE PLASTIC SHEATH WHICH IS DISCARDED AFTER EACH USE.


DISPOSABLE PROBE COVERS
PROBE COVERS
BODY
READING
NECK STRAP
TEMPERATURE
98.6
SHEATH
PROBE (DETACHABLE)

ERIC

Performance Checklist

Duty: Determining the Vital Signs of Residents
Task: Use an electronic thermometer.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers equipment			
3. Identifies resident			
4. Greets resident			
5. Explains task to resident			
6. Provides for resident's privacy			
7. Plugs the proper probe into base of thermometer			
8. Checks connection of probe to base of thermometer			
9. Inserts probe into probe cover			
10. Inserts thermometer into resident's mouth, rectum, or axilla			
11. Waits for buzzer to sound			
12. Removes probe			
13. Reads the thermometer			
14. Writes down temperature reading			
15. Discards used probe cover			
16. Returns probe to stored position			
17. Puts call light within resident's reach			

	S	U	N/A
18. Attends to resident's comfort and safety			
19. Thanks resident for cooperating			
20. Washes hands			
21. Stores thermometer			
22. Records resident's temperature			
23. Reports anything unusual to charge nurse			

Comments: ______________________________

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Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Determining the Vital Signs of Residents

Task: Measure a resident's pulse rate.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following task:
  Wash hands using medical asepsis
Ability to:
  determine when 1 minute has passed
  recognize a normal pulse rate

Performance Objective

Measure a resident's pulse rate. Your measurement rate must agree with your instructor's within two beats per minute.

Key Terms

radial pulse

Equipment and Supplies

Audiovisuals and Resources

Schniedman, R. B., Lambert, S. M., & Wander, B. R. (1982). Being a nursing assistant (3rd ed.). Bowie, MD: Robert J. Brady.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Identify the resident.
3. Greet the resident.
4. Explain the task to the resident.
5. Provide for the resident's privacy.
6. Locate the resident's radial pulse.
   a. Place the tips of your three middle fingers on the underside of the resident's wrist next to the bone and in line with the thumb.
   *b. Press lightly until you feel the pulse.

*7. Count the resident's pulse rate.

*8. Write down the resident's pulse rate.

9. Attend to the resident's comfort and safety.
10. Put the call light within the resident's reach.
11. Thank the resident for his cooperation.
12. Wash your hands.
13. Report an abnormal pulse rate to the charge nurse.

***Key Points**

6b. Do not press too heavily on the wrist; this can make a weak pulse difficult to feel.

7. You may do this by using one of two methods: you can count the resident's pulse rate for 1 full minute or you can count his pulse rate for 30 seconds and multiply this number by 2. If the resident has an irregular pulse, you must always use the first method.

8. Write down the resident's pulse rate so that you do not forget it.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Determining the Vital Signs of Residents
Task: Measure a resident's pulse rate.

Directions: Practice this task on your own. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Identifies resident			
3. Greets resident			
4. Explains task to resident			
5. Provides for resident's privacy			
6. Locates radial pulse			
7. Counts radial pulse			
8. Writes down radial pulse			
9. Attends to resident's comfort and safety			
10. Puts call light within resident's reach			
11. Thanks resident for cooperating			
12. Washes hands			
13. Reports an abnormal pulse rate to charge nurse			

Comments: ____

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Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Determining the Vital Signs of Residents

Task: Measure a resident's respiratory rate.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following task:
  Wash hands using medical asepsis
Ability to:
  determine when 1 minute has passed
  recognize a normal respiratory rate

Performance Objective

Measure a resident's respiratory rate. Your measurement must agree with your instructor's to within one respiratory cycle.

Key Terms

inhalation
respiratory cycle
exhalation

Equipment and Supplies

Audiovisuals and Resources

Temperature, pulse, and respiration (Filmstrip/cassette: No. 371). Garden Grove, CA: Trainex.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Identify the resident.
3. Greet the resident.
4. Explain the task to the resident.
5. Provide for the resident's privacy.

*6. Hold the resident's wrist as you would if you were measuring her pulse.

7. Count the resident's respiratory rate for one full minute.
   a. Count one rise and one fall of the chest as one respiratory cycle (one respiration).
   b. If you cannot see the rise and fall of the resident's chest clearly, lay the resident's arm across her chest so that you can feel it.

*8. Write down the resident's respiratory rate.

9. Attend to the resident's comfort and safety.
10. Put the call light within the resident's reach.
11. Thank the resident for her cooperation.
12. Wash your hands.
13. Report an abnormal respiratory rate to the charge nurse.

***Key Points**

6. It is important to count the resident's respiratory rate without the resident's being aware of it. Residents who are aware of having their respiratory rate counted may alter their breathing pattern.

8. Write down the resident's respiratory rate so that you do not forget it.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Determining the Vital Signs of Residents
Task: Measure a resident's respiratory rate.

Directions: Practice this task on your own. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands			
2.	Identifies resident			
3.	Greets resident			
4.	Explains task to resident			
5.	Provides for resident's privacy			
6.	Holds resident's wrist			
7.	Counts resident's respiratory rate			
8.	Writes down respiratory rate			
9.	Attends to resident's comfort and safety			
10.	Puts call light within resident's reach			
11.	Thanks resident for cooperating			
12.	Washes hands			
13.	Reports an abnormal respiratory rate to charge nurse			

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Determining the Vital Signs of Residents

Task: Measure a resident's blood pressure.

SUGGESTED NOTES | YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following task:
  Wash hands using medical asepsis

Performance Objective

Measure a resident's blood pressure. Your measurement must agree with your instructor's within 2 mm Hg for the systolic and the diastolic pressures.

Key Terms

blood pressure
brachial pulse
diastolic pressure
Hg
hypertension
hypotension
mm
stethoscope
systolic pressure

Equipment and Supplies

blood pressure cuff
stethoscope

Audiovisuals and Resources

Blood Pressure (Filmstrip/cassette: No. 367). Garden Grove, CA: Trainex.

SUGGESTED NOTES | YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.
7. Wipe off the ear pieces of the stethoscope.
8. Uncover the resident's arm up to her shoulder.
9. Rest the resident's arm on the bed or on the arm of a chair.
10. Wrap the blood pressure cuff around the resident's upper arm.
    a. Place the cuff about 1 inch above the resident's elbow with the arrows on the cuff pointing toward the brachial pulse.
    b. Put the cuff on the resident's arm so that it fits snugly but is not so tight that it causes the resident discomfort.
11. Put the ear pieces of the stethoscope into your ears.
12. Locate the resident's brachial pulse with your fingers.
13. Place the diaphragm of the stethoscope over the brachial pulse.
14. Close the valve by turning the thumbscrew to the right (clockwise).
15. Inflate the cuff until the needle points to about 180 and you no longer hear the resident's pulse.
16. Open the valve by turning it slowly to the left (counter clockwise).
17. Listen, as you let the air out of the cuff, until you hear the sound of the resident's pulse.
18. Watch the needle on the dial.
19. Note what number the needle points to when you are first able to hear the resident's pulse.
20. Continue to listen until you can no longer hear the resident's pulse.
21. Note what number the needle points to when you can no longer hear the resident's pulse.
22. Deflate the cuff completely.

23. Remove the ear pieces of the stethoscope from your ears.
24. Remove the cuff from the resident's arm.
*25. Write down the resident's blood pressure.
26. Attend to the resident's comfort and safety.
27. Put the call light within the resident's reach.
28. Thank the resident for her cooperation.
29. Wash your hands.
30. Report an abnormal blood pressure to the charge nurse.

***Key Points**

25. Write the resident's systolic and diastolic pressure on a piece of paper so that you will not forget it.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Determining the Vital Signs of Residents
Task: Measure a resident's blood pressure.

Directions: Practice this task on your own. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands	___	___	___
2.	Gathers equipment	___	___	___
3.	Identifies resident	___	___	___
4.	Greets resident	___	___	___
5.	Explains task to resident	___	___	___
6.	Provides for resident's privacy	___	___	___
7.	Wipes off ear pieces of stethoscope	___	___	___
8.	Uncovers resident's arm to her shoulder	___	___	___
9.	Rests resident's arm on bed or chair	___	___	___
10.	Wraps blood pressure cuff around resident's arm	___	___	___
11.	Puts ear pieces of stethoscope in ears	___	___	___
12.	Locates resident's brachial pulse	___	___	___
13.	Places diaphragm of stethoscope over resident's brachial pulse	___	___	___
14.	Closes valve on cuff	___	___	___
15.	Inflates cuff	___	___	___
16.	Opens valve on cuff	___	___	___
17.	Listens for sound of pulse	___	___	___
18.	Watches dial	___	___	___

		S	U	N/A
19.	Notes dial reading when resident's pulse is first heard	___	___	___
20.	Continues to listen	___	___	___
21.	Notes dial reading when resident's pulse can no longer be heard	___	___	___
22.	Deflates cuff completely	___	___	___
23.	Removes ear pieces of stethoscope from ears	___	___	___
24.	Removes cuff from resident's upper arm	___	___	___
25.	Writes down resident's blood pressure	___	___	___
26.	Attends to resident's comfort and safety	___	___	___
27.	Puts call light within resident's reach	___	___	___
28.	Thanks resident for cooperating	___	___	___
29.	Washes hands	___	___	___
30.	Reports blood pressure to charge nurse	___	___	___

Comments: ____

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Student's Signature: ________________________________

Instructor's Signature: ________________________________

Date: ________________________________

Introduction

Weighing Residents

A resident's weight gives important information about his or her health because changes in weight may indicate changes in medical condition. The resident's weight when he is first admitted to the facility is called his baseline weight; it is used as a starting point and the standard against which his later weight will be compared.

The resident may be weighed on either a standing scale, a chair scale, or a scale with a mechanical lift. Whichever type of scale you use, always make sure that it is in good working order before you weigh a resident on it. If you are unsure of how to use the scale, ask the charge nurse or another nursing assistant for help. Remember that the safety of the resident should be your first consideration.

Each time you weigh a resident, be sure that:

- You do it at the same time of day
- You use the same scale
- You use the same wheelchair if you are weighing the resident on a wheelchair scale
- The resident is wearing similar clothing

If you are using a mechanical lift to weigh residents, explain the task fully to them before you begin and ask another nursing assistant to help you.

If you doubt that the weight indicated on the scale is correct, test its accuracy by weighing yourself and compare the weight shown on the scale to your known weight. If necessary, ask the charge nurse to verify the weight that you have obtained for the resident.

You may sometimes be asked to measure the height of a resident; you can do this by using the height indicator that is found on the standing scale. This indicator is a rod with a ruler at the back that extends out of the scale and folds back into it. Ask the resident to stand on the scale, place the measuring rod on top of the resident's head and read his or her height from the back of the scale. You can measure the resident's height in either feet and inches or in centimeters.

If a resident is unable to stand on a scale, you can measure his or her height by using a tape measure. The resident should be lying in the supine position, that is, on his or her back, on a flat bed. Mark the sheet at the top of the resident's head and at the bottom of his or her feet, then measure the distance between the two.

Duty: Weighing Residents

Definitions of Key Terms

infection control—Infection control procedures are steps taken to help prevent the spread of germs.

kilogram (kg)—A unit of weight and mass equal to 1,000 grams in the metric system.

ounce (oz)—Unit of weight equal to 1/16 of a pound (16 ozs = 1 lb).

pound (lb)—Unit of weight equal to 16 ounces.

Duty: Weighing Residents

List of Equipment and Supplies

paper

pen

paper towels

scale (chair)

scale (standing)

wheelchair

Duty: Weighing Residents

Task: Weigh a resident on a standing scale.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following duty:
  Ambulating and Transferring Residents
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Help a resident put on a robe and slippers
Ability to:
  determine when a scale is balanced
  read a scale to the nearest 1/4 pound

Performance Objective

Weigh the resident on a standing scale. Your reading must match your instructor's within 1/2 pound.

Key Terms

infection control
kilogram (kg)
ounce (oz)
pound (lb)

Equipment and Supplies

paper and pen
paper towels
scale

Audiovisuals and Resources

Transparencies:
  Units of Measurement: Weights
  Parts of a Scale

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Identify the resident.
3. Greet the resident.
4. Explain the task to the resident.
5. Provide for the resident's privacy.

*6. Transport the resident to a standing scale.
*7. Balance the scale.
    a. Position the scale so that it is level.
    b. Move both weights to zero.
    c. Turn the balance screw until the pointer rests in the middle of the scale's balance beam.
*8. Place paper towels on the scale platform.
9. Ask the resident to remove her shoes.
10. Help the resident to stand on the scale.
*11. Ask the resident to stand with her arms at her sides.
12. Slide both weights until the pointer rests in the middle of the balance beam.
13. Read the resident's weight.
    a. Read the position of the large weight.
    b. Read the position of the small weight.
    c. Add the numbers together.
14. Record the resident's weight.
15. Help the resident step off the scale.
16. Attend to the resident's comfort and safety.
*17. Transport the resident back to her room.
18. Put the call light within the resident's reach.
19. Thank the resident for her cooperation.
20. Wash your hands.
21. Report the resident's weight to the charge nurse.

SUGGESTED NOTES YOUR NOTES

***Key Points**

6. & Review the duty: "Ambulating and Transferring
17. Residents," if necessary.

The standing scale is centrally located and mounted on wheels. If it is not possible to transport the resident to the scale, bring the scale to the resident's room.

7. Many facilities now use electronic scales. Check with the charge nurse for instructions on using an electronic scale.

8. Use a towel to protect the resident's feet from the cold and to help control the spread of germs.

11. Do not allow the resident to take a walker onto the scale.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Weighing Residents
Task: Weigh a resident on a standing scale.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

		S	U	N/A
1.	Washes hands			
2.	Identifies resident			
3.	Greets resident			
4.	Explains task to resident			
5.	Provides for resident's privacy			
6.	Transports resident to scale			
7.	Balances scale			
8.	Places paper towels on scale			
9.	Asks resident to remove shoes			
10.	Assists resident onto scale			
11.	Asks resident to stand with her arms at her side			
12.	Adjusts weights			
13.	Reads scale			
14.	Records weight			
15.	Helps resident step off scale			
16.	Attends to resident's comfort and safety			
17.	Transports resident back to her room			
18.	Puts call light within resident's reach			
19.	Thanks resident for cooperating			

	S	U	N/A
20. Washes hands			
21. Reports resident's weight to charge nurse			

Comments:

Student's Signature:

Instructor's Signature:

Date:

Duty: Weighing Residents

Task: Weigh a resident on a chair scale.

SUGGESTED NOTES | YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following tasks:
  Wash hands using medical asepsis
  Empty a urinary drainage bag
  Transport a resident using a wheelchair
  Help a resident into a wheelchair or geriatric chair
Ability to:
  determine when a scale is balanced
  read a scale to the nearest 1/4 pound
  add and subtract whole numbers

Performance Objective

Weigh the resident on a chair scale. Your reading must match your instructor's within 1/2 pound.

Key Terms

kilogram (kg)
ounce (oz)
pound (lb)

Equipment and Supplies

scale
wheelchair that has been previously weighed

Audiovisuals and Resources

Transparencies:
  Chair Scale
  Parts of a Scale

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Identify the resident.
*3. Push a wheelchair that has been previously weighed to the resident's bedside.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.
*7. Empty the resident's urinary drainage bag, if necessary.
*8. Help the resident into the wheelchair.
*9. Take the resident to the scale.
10. Balance the scale.
    a. Place scale so that it is level.
    b. Move both weights to zero.
    c. Turn the balance screw until the pointer rests in the middle of the scale's balance beam.
*11. Pull the wheelchair onto the scale.
12. Slide both weights until the pointer rests in the middle of the balance beam.
13. Read the resident's weight.
    a. Read the position of the large weight.
    b. Read the position of the small weight.
    c. Add the numbers together.
14. Compute resident's weight by subtracting the weight of the chair from the total weight.
15. Record the resident's weight on the form provided by your facility.
16. Return the resident to his room.
17. Put the call light within the resident's reach.
18. Attend to the resident's comfort and safety.
19. Thank the resident for his cooperation.
20. Wash your hands.
21. Report the resident's weight to the charge nurse.

SUGGESTED NOTES YOUR NOTES

***Key Points**

3. It is important to know the weight of the wheelchair before you weigh the resident. The back of the wheelchair should have a record of its weight attached to it.

   If the resident is wearing any prosthetic devices, weigh them and record their weight.

7. Review the task: "Empty a urinary drainage bag," if necessary.

8. Review the task: "Help a resident into a wheelchair or geriatric chair," if necessary.

9. Review the task: "Transport a resident using a wheelchair," if necessary.

11. Make sure the resident's feet clear the edge of the scale. Some scales have chairs permanently attached to the base. Check with your charge nurse for further directions, if necessary.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Weighing Residents
Task: Weigh a resident on a chair scale.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Identifies resident			
3. Pushes wheelchair that has been previously weighed to resident's bedside			
4. Greets resident			
5. Explains task to resident			
6. Provides for the resident's privacy			
7. Empties urinary drainage bag			
8. Helps resident into wheelchair			
9. Takes resident to the scale			
10. Balances scale			
11. Pulls wheelchair onto scale			
12. Adjusts weights			
13. Reads scale			
14. Computes resident's weight			
15. Records resident's weight			
16. Returns resident to his room			
17. Puts call light within resident's reach			
18. Attends to resident's comfort and safety			
19. Thanks resident for cooperating			

	S	U	N/A
20. Washes hands	___	___	___
21. Reports resident's weight to charge nurse	___	___	___

Comments: ____

____

Student's Signature: ____________________________

Instructor's Signature: ____________________________

Date: ____________________________

Introduction to
Preparing to Admit Residents

When new residents are admitted into a long-term care facility, they and their families often feel a great deal of stress. Remember that residents receive their first impression of the facility and of the care they will receive during this time and try to be courteous and helpful.

Learn new residents' full names, and address them by their title (that is, Mr., Mrs, Ms., Dr., etc.) and surname, not by their first name or by some term of endearment, such as "honey." Addressing new residents properly will help to decrease their feelings of stress, dependence, and uneasiness.

Do your work calmly, quietly, and efficiently. Try not to be too rushed to talk with new residents and answer their questions. When you take an interest in the residents, you let them know that they are important to you; in this way you help to strengthen their feelings of self-worth. For example, when you show new residents their rooms and begin to put their personal belongings away, ask them where they would like to store or display their things. By encouraging new residents to participate as much as possible in this process, you will help them feel more at home.

Each facility will have its own policy regarding the role of the nursing assistant in the admission of new residents. You may be asked to weigh and measure the residents. Do so accurately and in a reassuring way. You may also be asked to inventory the residents' belongings, that is, to make a list of everything they have brought to the facility. Many facilities provide a special form for this purpose. Let new residents know that you are making this list in order to be sure that they do not lose any of their belongings.

Remember to introduce the residents to their new surroundings. Show them the various areas of the facility, such as the dining room and solarium. Let them know when meals will be served and when various activities are scheduled. You should also show them where the telephones are located and how they are used and discuss the smoking regulations of the facility and the rules governing visiting hours. Do not forget to show new residents where the call light is and explain how to use it; this will help them feel more comfortable in their new environment.

Duty: Preparing to Admit Residents

List of Equipment and Supplies

bath basin
bedpan
bedpan cover
facial tissues
hangers
inventory worksheet
labels
permanent marker
skin lotion
soap
toilet tissue
towels
urinal
wash cloths

Duty: Preparing to Admit Residents

Task: Prepare a room for a new resident.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:

Working with Residents of Long-Term Care Facilities

Satisfactory demonstration of the following tasks:

Wash hands using medical asepsis

Make an unoccupied bed

Performance Objective

Prepare a room for a new resident. The room must be clean, the bedside table must be stocked with supplies, and the bed must be neatly made.

Key Terms

Equipment and Supplies

bath basin
bedpan
bedpan cover
facial tissues
skin lotion
soap
toilet tissue
towels
urinal
washcloth

Audiovisuals and Resources

Admission and discharge (Filmstrip/cassette: No. 374). Garden Grove, CA: Trainex.

SUGGESTED NOTES YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
*3. Check that the bed is properly made.
*4. Bring the top bedding to the foot of the bed and fanfold it.
*5. Stock the bedside table with a bedpan, bedpan cover, toilet tissue, and bath basin.
*6. Stock the bedside table with personal items such as facial tissues, soap, and skin lotion.
7. Place towels and a washcloth in the drawer of the bedside table.
8. Wash your hands.
9. Report that the room is ready for a new resident to the charge nurse.

***Key Points**

3. Review the task: "Make an unoccupied bed," if necessary.

4. Fanfold the sheets only if the resident who is about to be admitted will be going to bed immediately. Otherwise, leave the bed closed.

5. The bedside table should also be stocked with a urinal if the resident who is about to be admitted is a male.

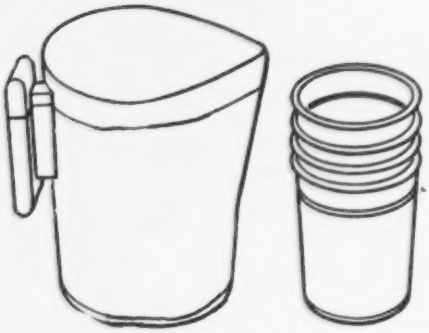
6. Check the policy of your facility to find out what items you should provide for a new resident.

Student Activity/Assignment

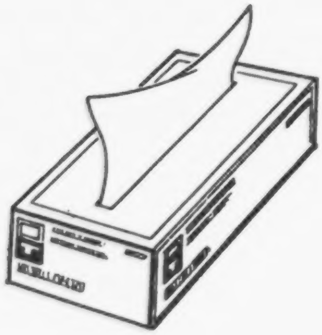
1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

COMMON BEDSIDE ITEMS

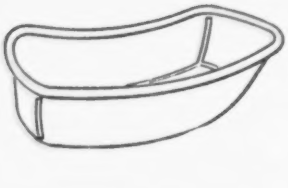
THESE ITEMS ARE FOUND AT THE BEDSIDE OF EACH PATIENT. SOME ARE USUALLY LEFT OUT ON THE BEDSIDE TABLE, WHILE OTHERS ARE STORED INSIDE IT.



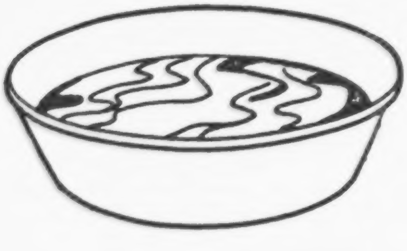
WATER PITCHER



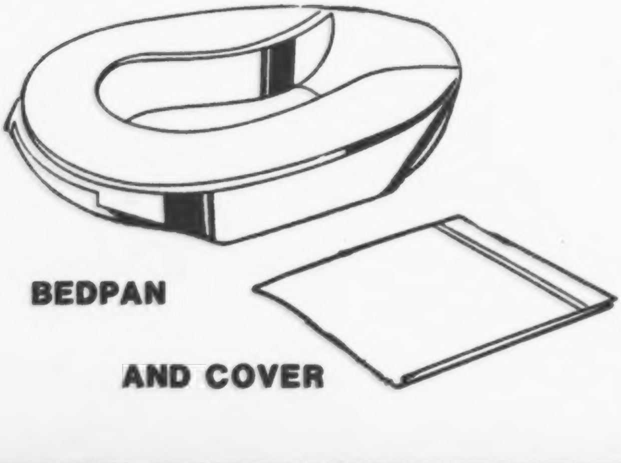
TISSUE



EMESIS BASIN

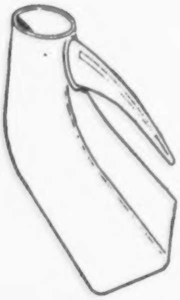


WASH/BATH BASIN

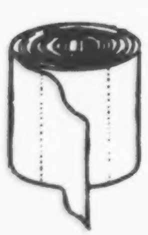


BEDPAN

AND COVER



URINAL



TOILET TISSUE

Performance Checklist

Duty: Preparing to Admit Residents
Task: Prepare a room for a new resident.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Washes hands			
2. Gathers equipment			
3. Checks that the bed is properly made			
4. Fanfolds top bedding			
5. Stocks bedside table with bath basin, bedpan, and related items			
6. Stocks bedside table with personal care items			
7. Places towels and washcloth in drawer of bedside table			
8. Washes hands			
9. Reports that the room is ready to charge nurse			

Comments: ____

____

Student's Signature: ______________________

Instructor's Signature: ______________________

Date: ______________________

Duty: Preparing to Admit Residents

Task: Inventory a resident's personal belongings.

SUGGESTED NOTES | YOUR NOTES

Prerequisites

Ability to apply the information provided in:
Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following task:
Wash hands using medical asepsis

Performance Objective

Inventory a resident's personal belongings. The inventory must be complete and accurate.

Key Terms

Equipment and Supplies

Inventory worksheet

Audiovisuals and Resources

SUGGESTED NOTES YOUR NOTES

Performance Steps

- *1. Get an inventory worksheet.
- 2. Wash your hands .
- 3. Identify the resident.
- 4. Greet the resident.
- 5. Explain the task to the resident.
- 6. Provide for the resident's privacy.
- *7. List all clothing by type and color.
- *8. List all undergarments by type and color.
- *9. List all sleepwear by type and color.
- 10. List all shoes and slippers by type and color.
- *11. List all accessories by type and color.
- 12. List all toiletries by type and a description.
- *13. List all prosthetic devices.
- *14. List all personal items.
- 15. Put call light within the resident's reach.
- 16. Attend to the resident's comfort and safety.
- 17. Thank the resident for her cooperation.
- 18. Wash your hands.
- 19. Give the inventory to the charge nurse.

***Key Points**

1. Use the inventory worksheet provided by your facility.

7. Items of clothing that residents are likely to bring with them are: pants, shirts and blouses, dresses, skirts, suits, and coats. Be precise and accurate when you inventory a resident's belongings. Write a description of each item. If one resident's belongings become lost or mixed in with another's, the inventory will provide a record of ownership.

8. Undergarments that residents are likely to bring with them are: underpants, bras, slips, stockings, and socks.

9. Items of sleepwear that residents are likely to bring with them are: pajamas, nightgowns, and robes.

SUGGESTED NOTES YOUR NOTES

11. Accessories that residents are likely to bring with them are: hats, ties, belts, and gloves.

13. Prosthetic devices that residents are likely to bring with them are: dentures, eyeglasses, hearing aids, and artificial limbs.

14. Personal items that residents are likely to bring with them are: books, jewelry, pictures, knickknacks, furniture, blankets, and comforters.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Preparing to Admit Residents
Task: Inventory a resident's personal belongings.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	S	U	N/A
1. Gets an inventory worksheet	___	___	___
2. Washes hands	___	___	___
3. Identifies resident	___	___	___
4. Greets resident	___	___	___
5. Explains task to resident	___	___	___
6. Provides for resident's privacy	___	___	___
7. Lists all clothing by type and color	___	___	___
8. Lists all undergarments by type and color	___	___	___
9. Lists all sleepwear by type and color	___	___	___
10. Lists all shoes and slippers by type and color	___	___	___
11. Lists all accessories by type and color	___	___	___
12. Lists all toiletries	___	___	___
13. Lists all prosthetic devices	___	___	___
14. Lists all resident's personal items	___	___	___
15. Puts call light within resident's reach	___	___	___
16. Attends to resident's comfort and safety	___	___	___
17. Thanks resident for cooperating	___	___	___

	S	U	N/A
18. Washes hands	___	___	___
19. Gives inventory to charge nurse	___	___	___

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Duty: Preparing to Admit Residents

Task: Mark and store a resident's personal belongings.

SUGGESTED NOTES YOUR NOTES

Prerequisites

Ability to apply the information provided in:
  Working with Residents of Long-Term Care Facilities
Satisfactory demonstration of the following task:
  Wash hands using medical asepsis

Performance Objective

Mark and store a resident's personal belongings. The resident's name must be written legibly and accurately on the item itself or on a label attached to the item. The resident's belongings must then be put away in the appropriate places.

Key Terms

permanent marker
prosthetic device

Equipment and Supplies

hangers
labels
permanent marker

Audiovisuals and Resources

SUGGESTED NOTES — YOUR NOTES

Performance Steps

1. Wash your hands.
2. Gather the equipment.
3. Identify the resident.
4. Greet the resident.
5. Explain the task to the resident.
6. Provide for the resident's privacy.

*7. Use a permanent marker to write the resident's name inside each item of clothing.
  a. Mark the neck of shirts, dresses, sleepwear, and coats.
  b. Mark the waistband of pants and undergarments.
  c. Mark each sock.

*8. Use a permanent marker to write the resident's name on the sole of each shoe and slipper.

*9. Mark each personal item.
  a. Mark the backs of pictures.
  b. Mark all toiletries or place a label on them.

*10. Mark all accessories.

*11. Mark each prosthetic device.

12. Put shirts, dresses, pants, coats, robes, slips, and nightgowns on hangers in the closet.
13. Arrange shoes and slippers in the closet.
14. Place undergarments in the dresser drawers.
15. Place toiletries in the bedside table.
16. Arrange personal items as desired by the resident and as space and facility rules permit.
17. Put the call light within the resident's reach.
18. Attend to the resident's comfort and safety.
19. Thank the resident for her cooperation.
20. Store the equipment.
21. Wash your hands.

SUGGESTED NOTES YOUR NOTES

***Key Points**

7. 8. Marking the resident's belongings insures that
9.10. they will not be used by others or lost. It is
& 11. very important not to damage articles when you mark them. If you cannot write directly on an article, write the resident's name on a label and attach the label to the item. If you cannot attach a label to the item, ask the charge nurse for further instructions.

Student Activity/Assignment

1. Review the definitions of key terms.
2. Practice this task. Work with a partner whenever possible.
3. Complete the performance checklist with your instructor.

Performance Checklist

Duty: Preparing to Admit Residents
Task: Mark and store a resident's personal belongings.

Directions: Practice this task after it is demonstrated to you. When you are ready to be tested, tell your instructor. The following checklist will be used by your instructor to assess your performance.

S = Satisfactory U = Unsatisfactory N/A = Not Satisfactory

		S	U	N/A
1.	Washes hands			
2.	Gathers equipment			
3.	Identifies resident			
4.	Greets resident			
5.	Explains task to resident			
6.	Provides for resident's privacy			
7.	Writes resident's name inside each item of clothing			
8.	Writes resident's name on sole of each shoe and slipper			
9.	Marks all personal items			
10.	Marks all accessories			
11.	Marks all prosthetic devices			
12.	Hangs clothes in closet			
13.	Arranges shoes and slippers in closet			
14.	Places undergarments in drawers			
15.	Places toiletries in bedside table			
16.	Arranges personal items			
17.	Puts call light within resident's reach			
18.	Attends to resident's comfort and safety			
19.	Thanks resident for cooperating			

	S	U	N/A
20. Stores equipment	___	___	___
21. Washes hands	___	___	___

Comments: ____

____

Student's Signature: ______________________________

Instructor's Signature: ______________________________

Date: ______________________________

Appendix A

Resource Panels

I. Names and institutional affiliations of the expert review panel.

Becky Appelman
Indiana Vocational Technical College

Phyllis Bilger
Parkview Memorial Hospital

Linda Ealy
Indianapolis Public Schools

Pauletta Evans
Brandywine Manor

Rhoda Gibson
Shakamak Good Samaritan Center

Sheila Richards
Regency Place of Greenwood

Judy Roach
Hospitality House

Eileen Stork
Home Health Care of Southeast Indiana

Susan Von Ogden
Indianapolis Public Schools

II. Names and affiliations of the Sub-committee of the Indiana Health Facilities Council.

Jean Elmore
Indiana University School of Nursing

George Heighway
Indiana Association of Homes for the Aging

Mary Holstein
Department of Education

Ella Kick
United Senior Action

James Pershing
Vocational Education Services

Scott Severns
United Senior Action

Ava Vogel
Indiana Health Care Association

Geraldine Wojtowicz
Indiana State Board of Health

Appendix B

Comparison Chart

The following list compares the duties and tasks established by the Health Facilities Council in 1985 with the duties and tasks that are contained in this instructional guide. Use the chart as a reference to help prepare for the exam mandated by the Health Facilities Council.

Duty and Task List from the Health Facilities Council of the Indiana State Board of Health	Duty and Task List from Nursing Assistants for Long-Term Care
Duty 1	Duty 1
MEDICAL ASEPSIS AND CLEANING	MEDICAL ASEPSIS AND CLEANING
Wash hands aseptically for nursing tasks	Wash hands using medical asepsis.
Clean tubs and showers used by a patient	Clean tubs and showers.
Clean a wheelchair, cane, overhead table	Clean reusable equipment.
Handle clean and dirty linen	Handle clean and dirty linen.
Duty 2	Duty 2
POSITIONING AND MOVING A PATIENT	POSITIONING AND MOVING RESIDENTS
Adjust a Gatch-frame bed for a patient	Adjust a gatch-frame bed.
Move a patient to the head of the bed	Move a resident toward the head of the bed.
	Move a dependent resident toward the head of the bed.
Position a patient in the supine position	Move a resident into the supine position.
Position a patient in the lateral or Sim's position	Move a resident into the lateral or Sim's position.
Position a patient in the prone position	Move a resident into the prone position.
Position a patient in the Fowler's postion	Move a resident into the Fowler's position.
Record position changes	(Recording is included in applicable tasks.)
	Duty 12
	USING SUPPORTIVE AND PROTECTIVE AIDS
Utilize supportive aids to support a patient's body parts	Place a circulating air mattress on a bed.
Restraints	Apply soft mitten restraints.
	Apply soft limb restraints.
	Apply a vest restraint.
Duty 3	Duty 4
MAKING BEDS FOR PATIENTS	MAKING BEDS FOR RESIDENTS
Make an unoccupied closed bed for a patient	Make an unoccupied bed.
Make an unoccupied open bed for a patient	Make an unoccupied bed.
Make an occupied bed for a patient	Make an occupied bed.
	Duty 12
	USING SUPPORTIVE AND PROTECTIVE AIDS
Make a bed with supportive devices for a patient (heat cradle, footboard, etc.)	Place a footboard in a bed.

Duty 4	Duty 8
DRESSING AND UNDRESSING PATIENTS	DRESSING AND UNDRESSING RESIDENTS
Change a patient's gown	Change a resident's gown.
Assist a patient with slippers and robe	Help a resident put on a robe and slippers.
Assist a patient with pullover garments	Help a resident put on pullover clothing.
Assist a patient with pant-type garments	Help a resident put on pants.
	Duty 5
	BATHING RESIDENTS
Drape a patient with a cotton blanket or sheet	Drape a resident with a bath blanket or sheet.
	Duty 9
	ASSISTING WITH URINE ELIMINATION
Apply incontinent briefs	Help a resident put on incontinent briefs.
Duty 5	Duty 3
AMBULATING AND TRANSFERRING PATIENTS	AMBULATING AND TRANSFERRING RESIDENTS
Assist patient to dangle legs	Assist a resident to sit on the side of the bed.
Assist patient from bed to chair and back	Move a resident from the bed into a chair and back.
Assist patient to walk (with person)	Help a resident to walk.
Assist patient to walk with walker	Assist a resident to use a walker.
Assist a patient to a wheelchair	Help a resident into a wheelchair or geriatric chair.
Transfer a patient to chair with 2 persons	Move a resident into a chair using a two-person carry.
Transfer a patient to chair with 3 persons	Move a resident into a chair using a three-person carry.
Transport patient with a wheelchair	Transport a resident using a wheelchair.
Record assistance given	(Recording is included in applicable tasks.)
Duty 6	Duty 6
ASSISTING WITH ORAL HYGIENE	ASSISTING WITH ORAL HYGIENE
Assist a patient to brush teeth	Assist a resident with tooth-brushing.
Brush a patient's teeth	Brush a resident's teeth.
Clean a patient's dentures	Clean a resident's dentures.
Administer a mouthwash	Administer a mouthwash.
Record care given	(Recording is included in applicable tasks.)
Duty 7	Duty 7
ASSISTING WITH HAIR AND NAIL CARE	ASSISTING WITH HAIR AND NAIL CARE
Comb a patient's hair	Comb a resident's hair.
Shampoo and dry a patient's hair	Wash a resident's hair.
Shave a patient's face with an electric razor	Shave a resident's face with an electric razor.
Shave a patient's face with a safety razor	Shave a resident's face with a safety razor.
Clean a patient's fingernails and toenails	Give a resident a manicure and pedicure.
Trim a patient's fingernails and toenails	Give a resident a manicure and pedicure.
Record care given	(Recording is included in applicable tasks.)

Duty 8	Duty 9
ASSISTING WITH URINE ELIMINATION	ASSISTING WITH URINE ELIMINATION
Assist a patient to use the bedpan	Help a resident with a bedpan.
Assist a patient to use the fracture pan	Help a resident with a bedpan.
Assist a patient to use the male urinal	Help a resident with a urinal.
Assist a patient to use a commode	Help a resident with a bedside commode.
Assist a patient to the bathroom	Help a resident to the bathroom.
Perform perineal care	Give perineal care.
Cleanse an incontinent patient	Cleanse an incontinent resident.
Empty a urinary drainage bag	Empty a urinary drainage bag.
Measure urinary output	Measure urinary output.
Record care given	Record urinary output.
Duty 9	Duty 5
BATHING A PATIENT	BATHING RESIDENTS
Wash a patient's face and hands	Wash a resident's face and hands.
Assist a patient with a partial bath	Assist a resident with a partial bath.
Assist a patient with a shower	Assist a resident to take a shower.
Administer a complete bed bath to a patient	Give a complete bed bath to a resident.
Record care given	(Recording is included in applicable tasks.)
Assist a resident with a tub bath	Assist a resident to take a tub bath.
	Duty 13
	PROVIDING DAILY CARE
Assist a patient with A.M. care	Assist a resident with A.M. care.
Assist a patient with P.M. care	Assist a resident with P.M. care.
	Duty 11
	ADMINISTERING SPECIAL SKIN CARE TO RESIDENTS
Rub a patient's back	Give a backrub.
Encourage or assist with range of motion	
Duty 10	Duty 14
DETERMINING A PATIENT'S VITAL SIGNS	DETERMINING THE VITAL SIGNS OF RESIDENTS
Determine a patient's oral temperature using glass or electronic thermometer	Use a glass thermometer to take an oral temperature. Use an electronic thermometer.
Determine a patient's axillary temperature	Use a glass thermometer to take an axillary temperature.
Determine a patient's rectal temperature	Use a glass thermometer to take a rectal temperature.
	Measure a resident's pulse rate.
	Measure a resident's respiratory rate.
	Measure a resident's blood pressure.

Duty 11	Duty 10
ASSISTING WITH NUTRITION AND HYDRATION	ASSISTING WITH NUTRITION AND HYDRATION
Check a food tray to be served to a patient	Serve a meal to a resident.
Serve a food tray to a patient	Serve a meal to a resident.
Assist a patient to eat	Help a resident with meals.
Feed a helpless patient	Feed a dependent resident.
Measure (and/or compute) oral intake	Measure and compute oral intake.
Record food/fluids taken	Record food and fluid intake.
Pass drinking water	Distribute fresh drinking water.
	Duty 3
	AMBULATING AND TRANSFERRING RESIDENTS
Employ a geriatric feeding chair or high chair	Help a resident into a wheelchair or geriatric chair.
Duty 12	Duty 15
WEIGHING AND MEASURING PATIENTS	WEIGHING RESIDENTS
Determining a patient's weight on a standing scale	Weigh a resident on a standing scale.
Determining a patient's weight on a chair scale	Weigh a resident on a chair scale.
Record weight/measurement	(Recording is included in applicable tasks.)
Duty 13	Duty 16
ADMITTING, TRANSFERRING AND DISCHARGING A PATIENT	PREPARING TO ADMIT RESIDENTS
Prepare a unit for a new patient	Prepare a room for a new resident.
Inventory a patient's personal belongings	Inventory a resident's personal belongings.
Mark and/or store a patient's personal belongings	Mark and store a resident's personal belongings.
Duty 14	Duty 11
APPLYING PROTECTIVE DEVICES AND ADMINISTERING SPECIAL SKIN CARE TO PATIENTS	ADMINISTERING SPECIAL SKIN CARE TO RESIDENTS
Check a patient's skin for pressure areas	Check bony prominences and friction areas for redness and irritation.
Massage a patient's pressure area	Massage a resident's reddened areas.
	Duty 12
	USING SUPPORTIVE AND PROTECTIVE AIDS
Apply heel and elbow protectors for a patient	Apply heel and elbow protectors.
Place anti-decubitus pads under a patient	Place anti-decubitus pads under a resident.
Support a patient's body parts to prevent pressure areas	Place a circulating air mattress on a bed.

Duty 15 **FIRST AID PRACTICES** Observe and report patient who has fallen Observe and report patient who has fainted Assist nurse with appropriate first aid measures	WORKING WITH RESIDENTS OF LONG-TERM CARE FACILITIES
Duty 16 **AGING PROCESS** Beginning to understand the developmental stages of aging (children included) Recognize normal structure and function of body systems Understand psychosocial aspects of institutionalization Understand dependency	WORKING WITH RESIDENTS OF LONG-TERM CARE FACILITIES
Duty 17 **INTERPERSONAL SKILLS (OR) COMMUNICATIONS SKILLS** Identify factors which promote effective communication Define verbal and non-verbal communication. Active listening Identify essential attitudes for establishing working relationships with residents, families and staff Response to a call light or resident's request	WORKING WITH RESIDENTS OF LONG-TERM CARE FACILITIES
Duty 18 **ACCOUNTABILITY** Recognize invasion of privacy, privileged communications and consent, and resident's safety and rights Identify and trace lines of authority in the facility	WORKING WITH RESIDENTS OF LONG-TERM CARE FACILITIES

Appendix C

Master Equipment List

air mattress pump with electrical cord

alcohol prep pads

anti-decubitus pads

bath basin

bath blanket

bathtub

bed linen

bedpan (standard)

bedpan cover

bedside commode

bedspread

blanket

blood pressure cuff

bottom sheets

bucket

cart

chair

circulating air mattress with hoses

cleaning cloth

cleaning solution

comb

condiments

cornstarch

cotton

creme rinse or conditioner

denture cleanser

denture cup

dishes

disposable cup

disposable gloves

draw sheets

drinking glasses

eating utensils (silverware)

elbow protectors

electric razor

electronic thermometer with probe attachment

emery board

emesis basin

facial tissues

footboard

fracture pan

gatch-frame bed

geriatric chair (geri-chair)

gown

graduated medicine cup

hair dryer

hand mirror

hangers for clothes

heel protectors

I & O worksheets

ice

ice container

incontinent briefs

inventory worksheet

labels

lap robe

lemon swab/toothettes

list of measurements of common food containers

lotion (skin)

meal tray

mop

mouthwash

napkins

oral thermometer (glass)

orange stick

over-the-bed table

padding (lamb's wool, cloth, etc.)

pants

paper

paper towels

pen

permanent marker

pillow

pillowcase

powder

probe covers (disposable)

pullover garment

rectal thermometer (glass)

restraint record

robe

rubber gloves

safety razor

sample flowsheet

sample I & O worksheets

scale (chair)
scale (standing)
scoop (ice)
seat padding
shampoo
shaving cream
shaving lotion
shower cap
shower chair
sink
skin bracer or after-shave lotion
skin lotion
slippers
soap
soft limb restraints
soft mittens
stethoscope
stool (foot)
straws
supply cart
tape
toiletries (personal)
toilet tissue
toothbrush
toothpaste
top sheets
towels
tub and tile cleaner
urinal
vest restraint

walker

wash cloths

wastebasket

water-based lubricating jelly

wheelchair

Appendix D

I. Background Materials

This list contains the background materials the project staff used in preparing "Working with Residents of Long-Term Care," the duties and tasks, and the key terms. Some of these materials also appear in the "Audiovisuals and Resources" section of each task.

Dorland's illustrated medical dictionary (1957) (23rd ed.). Philadelphia: W. B. Saunders.

Morris, S. (1983). Coping with problems of the long-term care patient. Bloomington, IN: Vocational Education Services.

Morris, S. (1983). Emergencies in the long-term care facility. Bloomington, IN: Vocational Education Services.

Morris, S. (1983). Infection control in the long-term care facility. Bloomington, IN: Vocational Education Services.

Schniedman, R. B., Lambert, S. M., & Wander, B. R. (1982). Being a nursing assistant (3rd ed.). Bowie, MD: Robert J. Brady.

Thompson, E. M., & Rosdahl, C. B. (1973). Textbook of basic nursing (2nd ed.). Philadelphia: Lippincott.

Vocational-Technical Education Consortium of States (V-TECS). Catalog of performance objectives, criterion-referenced measures and performance guides for health care worker. (1978). Jackson, MI: Division of Vocational and Technical Education, State Department of Education & Research and Curriculum Unit for Vocational-Technical Education, Mississippi State University. Available from V-TECS, 795 Peachtree St., N. E., Atlanta, GA 30365.

Vocational-Technical Education Consortium of States (V-TECS). Catalog of performance objectives, criterion-referenced measures and performance guides for nursing assistance occupations. (1976). Richmond, VA: Division of Vocational and Technical Education, Virginia Polytechnic Institute and State University & Division of Vocational Education and Division of Educational Research and Statistics, State Department of Education. Available from V-TECS, 795 Peachtree St., N.E., Atlanta, GA 30365.

Vocational-Technical Education Consortium of States (V-TECS). Catalog of performance objectives, criterion-referenced measures and performance guides for medical assistant. (1978). Prepared by Cave, J., & Hill, J. Edited by Schrader, P., Curriculum Development Center for Kentucky. Available from V-TECS, 795 Peachtree St., N.E., Atlanta, GA 30365.

Will, C. A., & Eighmy, J. B. (1983). Being a long-term care nursing assistant. Bowie, MD: Robert J. Brady.

Wood, L. A. (Ed.). Nursing skills for allied health services (Vol. 1). Philadelphia, PA: W. B. Saunders Co.

II. Audiovisuals

This list contains all audiovisual materials that appear in the "Audiovisuals and Resources" section of each task.

Admission and discharge (Filmstrip/cassette: No. 374). Garden Grove, CA: Trainex.

Basic bedmaking for patient comfort and safety (Filmstrip/cassette: No. 476). Garden Grove, CA: Trainex.

Bed bath (Filmstrip/cassette: No. 369). Garden Grove, CA: Trainex.

Blood pressure (Filmstrip/cassette: No. 367). Garden Grove, CA: Trainex.

". . . do the sick no harm" (Filmstrip/cassette: No. 317). Garden Grove, CA: Trainex.

Feeding the patient (Filmstrip/cassette: No. 373). Garden Grove, CA: Trainex.

Giving the patient a bed bath (Filmstrip/cassette: No. 475). Garden Grove, CA: Trainex.

Lifting and moving patients (Filmstrip/cassette: No. 375). Garden Grove, CA: Trainex.

Moving and turning the patient (Filmstrip/cassette: No. 474). Garden Grove, CA: Trainex.

Moving the sick and injured (Filmstrip/cassette: No. 395). Garden Grove, CA: Trainex.

Occupied bed making (Filmstrip/cassette: No. 370). Garden Grove, CA: Trainex.

Oral hygiene (Filmstrip/cassette: No. 269). Garden Grove, CA: Trainex.

Patient safety: From thermometers to wheelchairs (Filmstrip/cassette: No. 318). Garden Grove, CA: Trainex.

Peri care (Filmstrip/cassette: No. 342). Garden Grove, CA: Trainex.

Personal care in long-term illness (Filmstrip/cassette: No. 397). Garden Grove, CA: Trainex.

Positioning patient for comfort and safety (Filmstrip/cassette: No. 477). Garden Grove, CA: Trainex.

Positioning to prevent complications (Filmstrip/cassette: No. 398). Garden Grove, CA: Trainex.

Preparing the patient for independent movement (Filmstrip/cassette: No. 650). Garden Grove, CA: Trainex.

Prevention and treatment of decubiti (Filmstrip/cassette: No. 185). Garden Grove, CA: Trainex.

Recognition and prevention of bed sores (Filmstrip/cassette: No. 478). Garden Grove, CA: Trainex.

Safety is a matter of vigilance (Filmstrip/cassette: No. 321). Garden Grove, CA: Trainex.

Serving and feeding the patient (Filmstrip/cassette: No. 473). Garden Grove, CA: Trainex.

Showers and tub baths (Filmstrip/cassette: No. 122). Garden Grove, CA: Trainex.

Temperature, pulse, and respiration (Filmstrip/cassette: No. 371). Garden Grove, CA: Trainex.

Transfer activities and ambulation (Filmstrip/cassette: No. 400). Garden Grove, CA: Trainex.

Urinary care (Filmstrip/cassette: No. 372). Garden Grove, CA: Trainex.

Use of canes and walkers (Filmstrip/cassette: No. 652). Garden Grove, CA: Trainex.

Use of protective restraints (Filmstrip/cassette: No. 176). Garden Grove, CA: Trainex.

Use of restraints (Filmstrip/cassette: No. 655). Garden Grove, CA: Trainex.

Use of wheelchairs (Filmstrip/cassette: No. 653). Garden Grove, CA: Trainex Corp.

III. Print Materials

This list contains all print materials that appear in the "Audiovisuals and Resources" section of each task. Items that were used extensively in preparing the text also appear in "Background Materials."

Burnside, W., & Mortenson, I. (Eds.). (1975). Sexuality and aging. Los Angeles: University of Southern California.

Hilgard, E. R., Atkinson, R. L., & Atkinson, R. C. (1979). Introduction to psychology (7th ed.). New York: Harcourt Brace Jovanovich.

Marshall, F. W. (1949). Popular guide to legal practices (rev. ed.). New York: Wm. H. Wise.

Morris, S. (1983). Charting in the long-term care facility. Bloomington, IN: Vocational Education Services.

Plummer, N. (1984). Changes with aging and implications for administering medications. Bloomington, IN: Vocational Education Services.

Schniedman, R. B., Lambert, S. M., & Wander, B. R. (1982). Workbook for Being a nursing assistant (3rd ed.). Bowie, MD: Robert J. Brady.

Will, C. A., & Eighmy, J. B. (1983). Being a long-term care nursing assistant: Instructor's guide. Bowie, MD: Robert J. Brady.

Wise, B. M. (1982). Instructor's guide for Being a nursing assistant (3rd ed.). Bowie, MD: Robert J. Brady.

Wood, L. A., & Rambo, B. J. (Eds.). Teacher's guide for use with Nursing skills for allied health services (2nd ed.) (Vols. 1-2). Philadelphia: Saunders.

Your body condition/techniques for moving patients. (1973). Deerfield, MA: Dray.

Your guide for safety and health. (1984). Deerfield, MA: Dray.

Appendix E

Glossary

The definitions below reflect the ways in which these words are used in the text.

—A—

Active range of motion—Refers to exercises that encourage an individual to move his or her muscles and joints as much as possible. (See range of motion.)

Affected area or extremity—An area of the body or an extremity (arm or leg) that is sore or paralyzed. This area or extremity is always clothed first and unclothed last.

Air mattress—A plastic pad that is divided into cells that are filled with air. The pad is plugged into an electric motor that regulates the amount of air in it. The air mattress is used on a resident's bed to help prevent bedsores.

Align—To arrange in a straight line.

Anti-decubitus pad—A lamb's wool pad that is placed under a resident's hips and lower back to help prevent decubitus ulcers, or bedsores.

Antiseptic—A substance that inhibits the growth of germs. Antiseptic solutions are used as cleaning agents to prevent the spread of infection.

Anus—The opening through which feces pass.

Aseptic—Free of infection. Often refers to proper handwashing and other measures taken to prevent the spread of infection. (See medical asepsis.)

Axilla—The armpit.

Axillary—The area around the armpit.

—B—

Bacteria—Microorganisms that can be seen only through a microscope.

Bed cradle—A device used to hold the bedclothes away from a resident's arm or leg when the patient is in bed. Used to protect burned or delicate skin from irritation.

Bedpan—A receptacle for bodily wastes that is used when a resident is bedridden.

Body alignment—Arranging a resident's limbs and spine in a straight line.

Body mechanics—Ways to stand and move. Using proper body mechanics can help prevent injury when you work with a resident or with heavy equipment.

Bony prominence—An area of the body where bones extend outward from surfaces of the skin, such as elbows, kneecaps, etc.

—C—

Catheter—(See indwelling catheter.)

Celsius (C)—Another name for the centigrade temperature scale.

Centigrade (C)—A temperature scale based upon 100 units called degrees. In the centigrade scale, the freezing point of water is zero degrees and the boiling point of water is 100 degrees.

Clean—Fresh, unused, and free from disease-causing organisms.

Closed bed—A freshly-made bed with the top spread covering the sheet and pillows.

Commode—Toilet.

Commode chair—A bedpan mounted in a chair that is used by a bedridden resident for elimination.

Condiments—Seasonings for food; for example, salt, pepper, mustard, ketchup, and mayonnaise.

Contaminated—Exposed to disease-causing organisms. Dirty.

Courteous—Polite and considerate toward others.

Cubic centimeter (cc)—A unit for measuring volume.

Cuticle—Hardened skin surrounding the bottom and sides of a fingernail or toenail.

Cyanosis—A blue or gray skin color that indicates a lack of oxygen.

—D—

Decubitus ulcer—An open wound that is caused by the pressure of lying or sitting in one position for a long period of time. Also called a pressure sore or bedsore.

Degree—A unit for measuring temperature.

Dehydration—A condition resulting from excessive loss of fluid.

Dentures—False teeth.

Diabetic—Person who has diabetes, which is a disease that prevents sugar and starch from being absorbed properly by the body.

Diet—A limited menu of food and drink. May be prescribed by a physician or self-imposed.

Dirty—Exposed to disease-causing organisms. Contaminated. No longer clean.

Disposable equipment—Equipment that will be thrown away after it has been used.

Drainage bag—A plastic bag that collects urine and is connected to an indwelling catheter. (See indwelling catheter.)

Drape--A sheet or bath blanket that covers a resident and provides privacy during a change of clothing, a bath, or an examination;or the act of covering a resident with a sheet or bath blanket.

Draw sheet—A small sheet made of plastic, rubber, or cotton that is placed across the middle of a resident's bed to protect the bedding. It can also be used to help move a dependent resident.

—E—

Elbow protector—A soft pad that cradles the elbow to protect it from bedsores.

Electric razor—An electric appliance that uses vibrating or rotating cutters to trim facial or body hair.

Electronic thermometer—A battery-powered thermometer that displays a temperature reading in lighted numbers.

Elevated temperature—A temperature above normal. (See normal range of temperature.)

Elimination—Ridding the body of urine and feces.

Emery board—A small, stiff board coated with sandpaper that is used for manicuring nails.

Emesis basin—A small, curved pan found in the resident's bedside table. It is used to help bedridden residents brush their teeth and for other purposes.

—F—

Fahrenheit (F)--A temperature scale. In the Fahrenheit scale, the freezing point of water is 32 degrees and the boiling point of water is 212 degrees.

Fanfold—Folding the top bed linens to the foot of the bed so that they are out of the way but within easy reach.

Feces—Solid waste material that is eliminated from the bowel.

Fever—Body temperature above normal. (See normal range of temperature.)

Fleece—A soft, wooly fabric that is used for anti-decubitus pads and to cushion restraints.

Flowsheet—A form used to record information about a resident such as liquid intake, weight, amount of bowel elimination.

Fluid—A liquid, or a solid (such as jello) that is measured as a liquid.

Fluid balance—Taking in approximately the same amount of fluid as one eliminates.

Footboard--A board placed at the end of a mattress to support a resident's feet and to prevent foot drop. (See foot drop.)

Foot drop—Permanent damage to the calf muscles and tendons that is caused by a lack of support to the soles of the feet over a long period of time.

Force fluids—Encouraging a resident to drink fluids. When a resident has a tendency to become dehydrated, his or her doctor may issue an order to "force fluids".

Foreskin—The fold of skin covering the end of the penis in uncircumcised men.

Foundation sheet—The bottom sheet of a bed that is placed directly over the mattress or mattress pad.

Fowler's position--A bed position in which the resident's head is elevated 45 degrees and his knees are flat.

Fracture pan—A type of bedpan. The fracture pan is flatter at the sides than a regular bedpan, which makes it easier for residents who cannot lift their hips to use.

Friction—The rubbing of one thing against another. For example, when you wash your hands aseptically you create friction by rubbing them together in a brisk, back-and-forth motion.

Friction area—An area of the body that is susceptible to decubitus ulcers because it comes into contact with a bed for long periods of time. Parts of the body where skin rubs against skin are also called friction areas.

—G—

Gatch-frame bed—A bed that has handles or cranks that change its height or the angle of its head and foot.

Gauze pads—Small squares of thin open-weave material. These are often placed between a resident's skin and a restraint to protect the resident's skin from bedsores and irritation.

Genitals—The external reproductive organs, including the scrotum and the penis in men and the vagina in women.

Geriatric feeding chair (geri-chair)—A chair on wheels with an attachable tray.

Graduated container—A container divided into equal parts that is used to measure liquids.

—H—

H2O—An abbreviation for water.

Hairline—The lower edge of the hair along the forehead.

Hangnails—Cracked or torn skin at the base of the nail.

Heading—A heading is created by folding the top sheet back two to three inches over the bedspread or blanket.

Heel protector—A soft pad that cradles the heel to protect it from decubitus ulcers.

Hourglass shape—Having wide top and bottom sections joined by a narrow center.

Hydration—Condition that exists when the body has an adequate amount of fluid.

Hydraulic bath chair—A chair that lifts in and out of a bath tub and is used as an aid in bathing residents who have limited movement.

Hyperthermia—Condition that exists when the body temperature is above normal. (See normal range of temperature.)

Hypothermia—Condition that exists when the body temperature is below normal. (See normal range of temperature.)

—I—

Incident report--Report that is filled out when a resident has an accident such as a fall. The report documents what happened and how staff members responded.

Incontinence—Loss of bladder and bowel control.

Incontinent—Unable to control bladder and bowel movements.

Incontinent brief—Garment used by residents who have lost bladder and bowel control to protect their clothes and bed linens.

Indwelling catheter—Tube that is placed in the resident's bladder to empty urine into a drainage bag.

Infection—Condition that exists when disease-causing microorganisms have entered and spread in the body.

Infection control--Infection control procedures are steps taken to help prevent the spread of germs.

Ingrowth—Usually refers to a nail that is growing into the surrounding skin.

Intake--Amount of liquid consumed by a resident within a given period of time.

—K—

Kilogram (kg)--A unit of weight and mass equal to 1,000 grams in the metric system.

—L—

Labia majora--The outer folds or lips of skin that surround the vagina. The folds outside the labia minora.

Labia minora--The inner folds of mucus membrane that surround the vagina. The folds within the labia majora.

Lamb's wool--(See fleece.)

Lateral position--Lying on one side with the legs outstretched and with one leg on top of the other. In this position, the bottom arm is slightly in front of the body and the top arm is either resting above the resident's side or is folded across the chest.

Lather--Foam made by mixing soap and water.

Logroll--Turning a resident's body in one smooth motion.

—M—

Manicure--Cleaning and filing a person's fingernails.

Meatus--An opening or passageway in the body (for example, the urethra, nose, ear canal, etc.).

Medical asepsis--Cleaning measures taken to prevent the spread of infection in a doctor's office, hospital, or long-term care facility. (See aseptic.)

Microorganism—Living organisms that can only be seen only through a microscope.

Milliliter (ml)—A measurement of volume in the metric system that equals one thousandth of a meter (1 ml = 1 cc).

Miter--A method of folding bedding at the corners of a bed so that the sheets, blankets, and bedspread fit neatly.

—N—

NPO—From the Latin for "Nothing by mouth." It means that the resident may not have any food or drink for the period of time prescribed a doctor.

Normal range of temperature—A range between 97.6F and 99.6F or between 36C and 38C.

Noscomial—Refers to an infection acquired in a health care facility.

Nutrition—The process by which the food we take in is used by the body. When one eats properly one is said to be practicing good nutrition.

—O—

Occupied bed—A bed that has a resident in it.

Open bed—A freshly-made bed that has its top linens folded back and is ready to be occupied.

Oral hygiene—Care given to the mouth, teeth, and gums to keep them clean and free from odor.

Orange stick—A small pointed stick used to push the cuticle back from nails.

Ounce (oz)—Unit of weight equal to 1/16 of a pound (16 ozs = 1 lb).

Output--The amount of urine eliminated by a resident within a given period of time.

—P—

Pathogen—Disease-causing organism.

Pedicure—Cleaning and filing a person's toenails.

Penis—A male organ used for urination and sexual intercourse.

Perineal—The area between the thighs that includes the anus and the vulva in the female and the anus and the scrotum in the male.

Peri-wash solution—A solution used to cleanse the perineal area.

Permanent marker—A marker that is used when labeling residents' clothes and personal belongings because it will not wash away or rub off.

Pound (lb)—Unit of weight equal to 16 ounces.

Pressure sore—An open wound caused by the pressure that results from lying in one position for a long period of time. Also called decubitus ulcer or bedsore.

Probe--The attachment of an electronic thermometer that senses temperature.

Probe cover—The disposable cover that is placed over the probe of an electronic thermometer when taking a person's temperature.

Prone—Lying on the stomach with the head turned to one side. The arms can be either at the sides or bent at the elbows.

Prosthetic device—A substitute for a missing part of the body, for example, a false eye, limb, or tooth.

Pyrexia—Another word for a fever or a temperature above normal. (See normal range of temperature.)

—R—

Range of motion—The extent to which a person can move before he or she feels pain. Also refers to exercises for joints that provide a maximum degree of motion. (See active range of motion.)

Rectum—The lowest part of the large intestine, which ends at the anus.

Restricted circulation—Circulation that has been cut off or lessened. Restricted circulation can be caused by restraints that have been fastened too tightly.

Restricted fluids—When residents are limited in the amount of fluid they may drink within a given period of time, they are said to be on "restricted fluids."

Reusable equipment—Equipment that can be used more than once. Reusable equipment must be properly cleaned after each use.

Rotary motion—Moving in a circle. When you wash your hands aseptically you use circular motions to rub them.

—S—

Sacral area—The area of the lower back at the base of the spine where the spinal cord joins both hip bones to form the back of the pelvis.

Safety razor—A razor with a removable blade that is fitted with a guard and is set at an angle to protect the skin from cuts. Safety razors can be disposable or reusable.

Scrotum—A male sexual organ; the pouch below the penis that holds the testicles.

Semi-Fowler's position—A bed position in which a resident's head is elevated 45 degrees and the knees are elevated 15 degrees.

Shaving lotion—Lubrication applied to the beard to make it easier to shave with an electric razor.

Shower chair—A small chair on wheels that is used to take residents who cannot stand by themselves to the shower. Residents can remain in the chair during the shower.

Sim's position—Lying on one side with the top knee bent and resting on a pillow. The bottom arm is in front of the body and the top arm is bent at the elbow.

Skin bracer—Lubrication used after shaving to help soothe the irritation caused by a razor.

Skin break—An opening in the skin that marks the beginning of a sore.

Skin folds—Areas where the skin is folded and rubs against itself, for example, under the breasts or between the legs.

Smelling salts—A compound with a strong smell that is used to revive a person who has fainted.

Soft limb restraints—Bands made of lamb's wool that are wrapped around the wrists or ankles and fastened to a bed or chair. Soft limb restraints are used to prevent a resident from leaving a bed or chair and injuring himself or others.

Soft mittens—Restraints placed on a resident's hands to prevent self-inflicted injury.

Sterile—Completely free from all living organisms; a state that can be achieved only by special measures, such as subjecting objects to steam under pressure.

Stool—Feces; waste material eliminated from the bowels.

Supine—Lying flat on the back with legs straight and arms resting at the sides.

—T—

Temperature—A measurement of body heat.

Thermometer--An instrument that measures body temperature. Different thermometers measure oral, rectal, and axillary temperatures.

Toe pleat--A tuck in the top linens close to the bottom of a bed that allows a person to move the feet and toes while lying in bed.

——U——

Unaffected area or extremity—An area of the body or an extremity (arm or leg) that can be freely moved without pain.

Unoccupied bed—An empty bed.

Urinal—A receptacle for urine that is used by bedridden male residents.

Urinate—To discharge urine from the body.

Urine--Yellowish liquid waste stored in the bladder and discharged periodically from the urethra.

——V——

Vagina—Female sexual organ. The passageway leading from the vulva to the uterus.

Vest restraint--A soft vest-like garment that is used to prevent a resident from falling out of a bed or chair.

Vital signs—Temperature, pulse, respiratory rate, and blood pressure.

Void—To discharge feces or urine.

——W——

Walker—A device used by residents to support themselves while walking.

Wheelchair—A chair mounted on wheels that is used by residents to move from place to place.

Appendix F

Indiana Health Facilities Rules

410 IAC 16.2

This appendix contains excerpts from the Final Rules for Indiana long-term health care facilities that were passed by the Indiana Legislature. All material cited is directly related to the roles and responsibilities of Nursing Assistants. The entire set of rules should be available at the local library or can be obtained from the Indiana State Board of Health.

TITLE 410 STATE BOARD OF HEALTH

LSA Document #83-154(F)

DIGEST

Adds 410 IAC 16.2 to set forth standards for the licensure and operation of health facilities pursuant to and as authorized by IC 16-10-4, and repealing in its entirety 410 IAC 16.1, promulgated on December 13, 1981. Effective 30 days after adoption approval and filing are complete. *REVISOR'S NOTE: 410 IAC 16.2-4 was disapproved by the attorney general by a letter addressed to Dr. R.G. Blankenbaker and Mr. Joseph E. McSoley dated April 27, 1984. The text of that attorney general's action is printed in this issue of the Indiana Register at 7 IR 1606.*

410 IAC 16.1
410 IAC 16.2

Rule 1. Definitions

410 IAC 16.2-1-1 "Abuse" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 1. "Abuse" means any physical or mental injury or sexual assault inflicted on a resident in the facility, other than by accidental means. *(State Board of Health; 410 IAC 16.2-1-1; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-2 "Activities of daily living" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 2. "Activities of daily living" includes, but is not limited to, bodily hygiene, eating, elimination, dressing, and ambulation. *(State Board of Health; 410 IAC 16.2-1-2; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-3 "Assessment" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 3. "Assessment" means the identification of an individual's present level of strengths, abilities and needs; and the conditions that impede the individual's development or functioning. *(State Board of Health; 410 IAC 16.2-1-3; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-4 "Board" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 4. "Board" means the Indiana state board of health. *(State Board of Health; 410 IAC 16.2-1-4; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-5 "Certification" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 5. "Certification" means that the Federal Department of Health and Human Services has determined a facility to be in compliance with applicable statutory or regulatory requirements and standards for the purposes of participation as a provider of care and service for Titles XVIII and XIX of the Federal Social Security Act. *(State Board of Health; 410 IAC 16.2-1-5; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-6 "Children" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 6. "Children" means individuals who:

(a) are less than eighteen (18) years of age; or

(b) if older:

(1) require by the reason of physical or mental handicap, care of the type usually accepted as pediatric; or

(2) are suffering from a handicap or ailment which, in the judgment of the attending physician, indicates that the child care facility is more appropriate to their needs than an adult care facility.

(State Board of Health; 410 IAC 16.2-1-6; filed May 2, 1984, 2:50 pm)

410 IAC 16.2-1-7 "Communicable disease" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 7. "Communicable disease" means a disease caused by the presence of virus or microbial agents within a person's body. Such agents may be transmitted either directly or indirectly to other persons. *(State Board of Health; 410 IAC 16.2-1-7; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-8 "Comprehensive care facility" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 8. "Comprehensive care facility" means a health facility that provides nursing care, room, food, laundry, administration of medications, special diets, and treatments, and that may provide rehabilitative and restorative therapies under the order of an attending physician.

(a) "Skilled nursing facility (SNF)" is a certification designation pursuant to federal and state rules and is not a licensure designation.

(b) "Intermediate care facility (ICF)" is a certification designation pursuant to federal and state rules and is not a licensure designation. *(State Board of Health; 410 IAC 16.2-1-8; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-9 "Construction type" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 9. "Construction type" means the type of construction as established by the rules of the administrative building council (660 IAC). *(State Board of Health; 410 IAC 16.2-1-9; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-10 "Council" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 10. "Council" means the Indiana health facilities council as created in IC 16-10-4. *(State Board of Health; 410 IAC 16.2-1-10; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-11 "Developmentally disabled" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 11. "Developmentally disabled" means a personal disability which:

(a) is attributable to:

(1) mental retardation, cerebral palsy, epilepsy, or autism;

(2) any other condition found to be closely related to mental retardation because this condition results in similar impairment of general intellectual functioning or adaptive behavior, or requires similar treatment and services; or

(3) dyslexia resulting from a disability described in this subsection;

(b) originates before the person is age eighteen (18); and

(c) has continued or is expected to continue indefinitely and constitutes a substantial handicap to the person's ability to function normally in society.

(State Board of Health; 410 IAC 16.2-1-11; filed May 2, 1984, 2:50 pm)

410 IAC 16.2-1-15 "Emergency" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 15. "Emergency" means a situation or physical condition which presents imminent danger of death or serious physical or mental harm to residents of a facility. *(State Board of Health; 410 IAC 16.2-1-15; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-16 "Habilitation" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 16. "Habilitation" means programs and activities designed to help a resident develop and maintain a level of independence and self-sufficiency consistent with individual capabilities and performance levels. *(State Board of Health; 410 IAC 16.2-1-16; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-19 "Intermediate care facility for the mentally retarded (or persons with related conditions)" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 19. "Intermediate care facility for the mentally retarded (or persons with related conditions)" means a health facility or distinct part of a health facility which provides active treatment for each developmentally disabled resident. In addition, the facility provides nursing care, room, food, laundry, administration of medications, modified diets and treatments. A facility is only for developmentally disabled residents and the facility shall be designed to enhance the development of these individuals, to maximize achievement through an interdisciplinary approach based on development principles, and to create the least restrictive environment. *(State Board of Health; 410 IAC 16.2-1-19; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-23 "Mobile" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 23. "Mobile" means able to move from place to place and includes the following levels:

(a) "Ambulatory" means able to walk, including the ascent and descent of stairs.

(b) "Nonambulatory" means unable to walk, although mobility can be gained with the assistance of a wheelchair or other device. *(State Board of Health; 410 IAC 16.2-1-23; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-25 "Neglect" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 25. "Neglect" means placing a dependent person in a situation that may endanger his life or health; abandoning or cruelly confining the dependent; depriving the dependent of necessary support including food, clothing, shelter, medical care; or depriving the dependent of education as required by statute. *(State Board of Health; 410 IAC 16.2-1-25; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-26 "Nurse aide" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 26. "Nurse aide" means an employee, including an orderly, who is assigned to provide or assist in the provision of direct resident health care services under the supervision of a licensed nurse. It does not include a volunteer or any person otherwise licensed or certified to perform health care services under Indiana law. *(State Board of Health; 410 IAC 16.2-1-26; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-27 "Nursing care" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 27. "Nursing care" means those activities including:

(1) identifying human responses to actual or potential health conditions;
(2) deriving a nursing diagnosis;
(3) executing a nursing treatment regimen based on the nursing diagnosis;
(4) teaching health care practices;
(5) advocating provision of necessary health care services through collaboration with other health service personnel;
(6) executing regimens as prescribed by a physician with an unlimited license to practice medicine or osteopathic medicine, or a licensed chiropractor, dentist, optometrist, or podiatrist; and
(7) administrating, supervising, delegating and evaluating nursing activities.

(State Board of Health; 410 IAC 16.2-1-27; filed May 2, 1984, 2:50 pm)

410 IAC 16.2-1-30 "Policy manual" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 30. "Policy manual" means a document which details the administrative and operating plan of the facility. *(State Board of Health; 410 IAC 16.2-1-30; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-34 "Rehabilitation" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 34. "Rehabilitation" means programs and activities implemented as a component of a treatment plan or in support of a plan to restore a resident to his optimal level of physical and psychosocial functions. *(State Board of Health; 410 IAC 16.2-1-34; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-35 "Resident/patient" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 35. "Resident/patient" means a person residing and receiving care in a health facility. The two words are synonomous. *(State Board of Health; 410 IAC 16.2-1-35; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-36 "Residential care facility" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 36. "Residential care facility" means a facility that provides room, food, laundry, and occasional assistance in daily living for residents who need less service than the degree of service provided by a comprehensive care facility. There is an overall general supervision of health care, medications, and diets as defined in the written policies of the facility. *(State Board of Health; 410 IAC 16.2-1-36; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-37 "Respite care" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 37. "Respite care" means the provision by a facility of room, board, and care up to the level ordinarily provided for permanent residents of the facility to a person for not more than one (1) month for each stay in the facility. *(State Board of Health; 410 IAC 16.2-1-37; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-1-38 "Restraint" defined

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 38. "Restraint" means a device or method, including chemical means, used to limit the activity or aggressiveness of a resident where such activity or aggressiveness could be harmful to the resident or others. *(State Board of Health; 410 IAC 16.2-1-38; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-2-3 Residents rights and responsibilities

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 3. (a) Residents have the right to have their rights recognized by the licensee. The licensee shall establish written policies regarding resident rights and responsibilities in accordance with 410 IAC 16.2 and shall be responsible, through the administrator, for their implementation. These policies and any adopted additions or changes thereto shall be made available to the resident, staff, sponsor or surrogate, and general public. Each resident, sponsor, or surrogate shall be advised of these rights prior to admission and shall signify, in writing upon admission and thereafter if the resident rights are updated or changed, receipt of the described rights and responsibilities.

(b) Residents have the right to exercise any or all of the enumerated rights without restraint, interference, coercion, discrimination or threat of reprisal by the facility. These rights shall not be abrogated or changed in any instance, except that, when the resident has been adjudicated incompetent, the rights devolve to the resident's sponsor. When a resident is found by his physician to be medically incapable of understanding or exercising his rights, the rights may be exercised by the resident's sponsor.

(c) Residents have the right to be treated with consideration, respect and recognition of their dignity and individuality.

(d) Residents have the right to be provided, at the time of admission to the facility, a written notice of the facility's basic daily or monthly rates, a written statement of all facility services (including those offered on a need basis), information on related charges (including any extra charges for services not covered by Medicare or Medicaid or by the facility's basic monthly or daily rate), and admission, re-admission and discharge policies.

(e) Residents have the right to be informed by the facility in writing, at least thirty (30) days in advance of the effective date, of any changes in the rates or services that these rates cover.

(f) Residents have the right to participate in the treatment plan development, choose the attending physician and other providers of services, be fully informed of their medical condition by the physician, refuse treatment, including medication, be informed of the medical consequences of such refusal and have such data recorded in his medical record, and be afforded confidentiality of treatment. The resident may participate or refuse to participate in experimental research, and there must be written acknowledgement of informed consent prior to participation in research activities.

(g) Residents have the right to form and participate in a resident council to discuss alleged grievances, facility operation, resident rights, or other problems, and to participate in the resolution of these matters.

(1) Participation is voluntary.

(2) During resident council meetings, privacy shall be afforded unless a member of the staff is invited by the resident council to be present.

(3) The licensee shall provide space for meetings and assistance to residents who desire to attend meetings.

(h) Residents have the right to appropriate housing assignments.

(1) When both husband and wife are residents in the facility, they have the right to live as a family in a suitable room or quarters, if practical, and may occupy a double bed, unless contraindicated for medical reasons by the attending physician.

(2) Written facility policy and procedures shall address the circumstances in which persons of the opposite sex, other than husband and wife, will be allowed to occupy a bedroom, if such an arrangement is agreeable to the occupants or the occupant(s) sponsor(s).

(i) Residents have the following relocation rights:

(1) When voluntary, involuntary, or emergency relocation is necessary, provision for continuity of care shall be provided by the facility.

(2) The resident or sponsor has the right to participate in and to request or agree to relocation within the facility or transfer to another facility and to waive notification times.

(3) Involuntary relocation, either within a facility or between facilities, may occur only if at least one of the following situations is present, with the situation documented in the resident's record:

(A) For medical reasons as judged by the attending physician.

(B) If a change in the level of care is necessitated by the care needs of the resident as identified by utilization review.

(C) For the welfare of the resident or other persons.

(D) For failure to pay for services rendered for which the resident or a third party payor is responsible.

(4) The notice and relocation planning requirements do not apply to temporary relocations, such as for hospitalization. A temporary relocation is one following which the facility will readmit the resident to his former bed if arrangements for payment to hold the bed have been made.

(5) If an involuntary relocation is necessary the resident, his sponsor or surrogate, and his treating physician shall be notified in writing, and orally if appropriate. Except in cases of emergency the notice shall be delivered at least two (2) days prior to an intrafacility relocation and ten (10) days prior to an interfacility relocation. The notice shall state:

(A) the specific reason for the proposed relocation;

(B) for involuntary interfacility relocations, notice of the time and place of the relocation planning conference; and

(C) a statement of the method by which the relocation or relocation plan may be disputed, including the phone number of the state or local ombudsman program.

(6) If an emergency relocation is required to protect the safety and/or health of the resident, the notification times and notice of relocation planning conference may be waived. The conditions of the emergency shall be documented. The sponsor or surrogate shall be notified of the condition within twenty-four (24) hours following the emergency relocation.

(7) Prior to any interfacility or involuntary intrafacility relocation, the facility shall prepare a relocation plan to prepare the resident for the relocation and to provide for continuity of care. In nonemergency involuntary interfacility relocations, the planning process shall include a relocation planning conference to which the resident, his sponsor or surrogate, and his treating physician shall be invited. At the planning conference the resident's medical, psychological, and social needs with respect to the relocation shall be considered and a plan devised to meet these needs. The facility shall provide reasonable assistance to the resident to carry out the relocation plan.

(8) If the relocation or the relocation plan is disputed, a meeting shall be held prior to the relocation with the administrator or his designee, the resident and the resident's sponsor or surrogate. The purpose of this meeting shall be to discuss possible alternatives to the proposed relocation or relocation plan.

(A) A written report of the content of the discussion at the meeting and the resolution of the matter shall be reviewed by the administrator or his designee, the resident, and the resident's sponsor or surrogate, each of whom may make written comments on the report.

(B) The written report of the meeting shall be included in the resident's permanent record.

(j) Residents have the right to exercise their rights as residents and citizens. Residents may, throughout the period of their stay, voice grievances to the facility staff or to an outside representative of their choice, recommend changes in policy and procedure, and receive reasonable responses to their requests without fear of reprisal or interference. The address and telephone number of the state board of health, state department of public welfare, the ombudsman designated by the department of aging and community services, area agency on aging, local mental health center and the protection and advocacy commission shall be displayed in a prominent place in the facility. A telephone accessible to the residents shall be provided for emergency and reasonable personal use.

(k) Residents have the right to manage their personal affairs and funds or may, by written request, allow the facility to execute all or part of their financial affairs. If the facility agrees to handle the resident's funds, the resident must be provided with:

(1) a quarterly accounting of all financial affairs handled by the facility;

(2) reasonable access, during normal business hours, to the written records of all financial transactions involving the individual resident's funds upon request;

(3) separation of resident and facility funds; and

(4) return to the resident no later than fifteen (15) calendar days, upon written request, of all or any part of the resident's funds given the facility for safe keeping.

(l) Residents have the right to be free from physical and mental abuse, neglect, and restraint.

(m) Residents have the right to confidentiality of personal medical records. Information from these sources shall not be released without the resident's consent, except upon transfer to another health facility, when required by law, or under a third party payment contract. Unless contraindicated by the attending physician who determines the information is detrimental to the physical or mental health of the resident or is likely to cause the resident to harm himself or another, the resident's records shall be made immediately available to the resident for inspection and the resident may receive a copy within a reasonable time, at the resident's expense.

(n) Residents have the right to be treated as individuals with consideration and respect for their privacy. Privacy shall be afforded for at least the following: bathing, personal care, physical examinations and treatments, and during visitations.

(o) Residents have the right not to be required to perform services for the facility unless such work is medically indicated and included in the therapeutic treatment plan as prescribed by the physician, or unless the resident so requests and the attending physician approves, in writing.

(p) Residents have the right to choose with whom they associate. The facility shall provide reasonable visiting hours which should include at least nine (9) hours a day, and the hours shall be posted in a prominent place in the facility and made available to each resident. Policies shall also provide for emergency visitation at other than posted hours. The facility shall not restrict visits from the resident's legal counsel, sponsor or surrogate advocate, or spiritual advisor except at the request of the resident or sponsor. The resident's mail, either incoming or outgoing, shall remain intact and unopened, unless the administrator has been instructed otherwise in writing by the resident or sponsor or surrogate.

(q) Residents have the right to participate in social, religious, community services, and other activities of their choice unless contraindicated by the physician because of medical necessity, with the restriction entered into the medical record.

(r) Residents have the right to individual expression through retention of personal clothing and belongings as space permits, unless to do so would infringe upon the rights of others or would create a health or safety hazard. The facility shall exercise reasonable care for the protection of residents' property from loss and theft. The administrator or his designee is responsible for investigating reports of lost or stolen resident property.

(s) For purposes of IC 16-10-4-15, a breach of any subsection (a) through (r) is a deficiency. *(State Board of Health; 410 IAC 16.2-2-3; filed May 2, 1984, 2:50 pm)*

410 IAC 16.2-2-5 Personnel

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-1-10-2; IC 16-10-4

(d) Each nurse aide without one (1) year's experience in a health care setting who is hired after January 1, 1985, to work in a facility shall have successfully completed a nurse aide training program approved by the council or shall enroll in the first available approved training program which is scheduled to commence within sixty (60) days of the date of the nurse aide's employment. The program may be established by the facility or by an organization or institution. The training program shall consist of at least the following:

(1) Thirty (30) hours of classroom instruction within one hundred and eighty (180) days of employment. At least fifteen (15) of these hours shall be given before the nurse aide is assigned direct patient care duties. The instruction shall include orientation to the facility, facility policies, the employee's duties, basic nursing skills, clinical practice, resident safety and rights, and the social and psychological problems of residents. The thirty (30) hours may not be counted towards a facility's required staffing.

(2) Seventy-five (75) hours of supervised training. These hours shall consist of normal employment as a nurse aide under the supervision of a licensed nurse. The seventy-five (75) hours shall be counted towards the facility's required staffing.

(e) There shall be an organized ongoing inservice education and training program planned in advance for all personnel in all departments. This training shall include, but is not limited to, prevention and control of infection, fire prevention, safety and accident prevention and the needs of specialized populations served (i.e., the aged, developmentally disabled, mentally ill, children).

(1) Inservice training programs shall contain means to assess learning by participants. These may include testing such as self-graded, before-and-after tests, clinical practice sessions under close supervision, instructor assessment, etc.

(2) Inservice programs shall be designed to enable the staff to meet the needs of residents.

(3) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel.

(4) Monthly inservice training shall be conducted for the nursing staff. In addition, for personnel administering medications, no less than eight (8) programs on medication administration shall be offered per year.

(5) Annual inservice training shall be conducted for all nursing personnel on supportive therapy measures (i.e., range of motion, transfers, positioning, supportive use of hearing aids or self-help feeding devices).

(6) Programs shall be offered at least quarterly for all departments.

(7) The administrator may approve attendance at outside workshops and continuing education programs which are related to that individual's responsibilities in the facility. Documented attendance at these workshops and programs meets the requirements for inservice training.

(8) Inservice records shall be maintained and shall indicate the time, date, and location, name of instructor, title of instructor, name of participant(s) and program content of inservice. The employee will acknowledge attendance by written signature.

410 IAC 16.2-2-6 Environmental services

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

(k) Each facility shall handle, store, process, and transport clean linen in a safe and sanitary manner.

(1) Clean linen shall be stored, handled, and transported in a way that prevents contamination.
(2) Clean linen from a commercial laundry shall be delivered to a designated clean area in a manner that prevents contamination.
(3) Linens shall be maintained in good repair.
(4) The supply of clean linens, washcloths, and towels shall be sufficient to meet the needs of each resident. The use of common towels, washcloths, or toilet articles is prohibited.

(l) Each facility shall handle, store, process and transport soiled linen in a manner that will prevent the spread of infection.
(1) Soiled linen shall be sorted by methods affording protection from contamination.
(2) Soiled linens shall be stored and transported in a closed container which does not permit contamination of corridors and precludes contamination of clean linen.
(3) When laundry chutes are used to transport soiled linens, the chutes shall be maintained in a clean and sanitary state.

(m) Each facility shall handle, store, process and transport resident clothing in a clean and orderly manner. If the resident's clothing is laundered by the facility, the facility shall identify the clothing in a suitable manner. The facility is only responsible for marking that clothing that is recorded on the resident's inventory sheet.

(n) Each facility shall observe safety precautions when oxygen is stored or administered.
(1) Oxygen containers shall be suitably anchored to the bed, floor, wall, or carrier to prevent the containers from tipping over.
(2) Oxygen containers when not in use shall be stored in an unheated room vented to the outside or in an outside secured area. Building code standards shall apply.
(3) "Oxygen-No Smoking" signs shall be posted on the outside of the door and the inside of the door of a resident room in which oxygen is being administered.

410 IAC 16.2-3-4 Nursing services

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

Sec. 4. (a) Each resident shall be given nursing care and supervision based upon individual needs. Nursing skills shall be utilized to promote the physical, mental, nutritional, and emotional status of the resident.

(b) Each resident shall show evidence of good personal hygiene to include but not limited to care of the skin, shampoo and grooming of the hair, oral hygiene and care of the lips to prevent dryness and cracking, shaving and beard trimming, and cleaning and cutting of the fingernails and toenails.
(1) Each resident shall be dressed in clean garments. Residents who are not bedfast shall be encouraged to be fully dressed each day to maintain self-esteem.
(2) Each resident shall be bathed or assisted to bathe as frequently as is necessary but at least twice weekly.
(3) Each resident shall be given or assisted in oral care, at least daily, to promote clean and healthy gums and teeth. Dentures, when present, shall be properly cared for and cleaned at least daily.
(4) Each resident shall have at least one (1) shampoo every week and more often if needed.
(5) Each resident who is incontinent shall be checked frequently and bathed as required. Soiled or wet bed linen or clothing shall be changed immediately and the resident cleansed.
(6) Each resident's privacy shall be assured by such measures as using fire resistant curtains or screens that will completely enclose the bedside area during personal care.
(7) Each resident, unless specifically prohibited in writing by the attending physician, may retain personal care items (i.e., shaving cream, deodorant, cologne, mouth wash, foot and body powder, nonmedicated skin preparations, etc.) if in the original container labeled by the manufacturer.

(8) Each resident shall have personal care items, such as combs and brushes, cleaned as appropriate.

(9) Precautions shall be taken to assure the safety of each resident, such as the use of safety devices and equipment.

(c) Preventive care shall be provided to prevent further debilitating or declining of physical and psychosocial condition or status.

(1) Unless contraindicated by the physician, a resident who is bedfast or chairfast shall have his body position changed in accordance with the resident's need, as stated in the care plan.

(2) Each bedfast or nonambulatory resident shall be encouraged or assisted to move all major joints of the body at least twice daily, unless contraindicated by the physician in writing.

(3) Proper body alignment shall be maintained in accordance with the capabilities of each resident.

(4) Special attention and care shall be given to the skin of each bedfast and nonambulatory resident to prevent the development of decubitus ulcers (bedsores) and other skin breakdown. Such care includes the following:

(A) Care to maintain clean dry skin.

(B) Pressure reducing devices used in accordance with the resident's assessed need for such devices.

(C) Notification of the doctor at the earliest sign of a decubitus ulcer or other skin breakdown. Such notification shall be documented in the medical record.

(D) A description of the affected area and the care given, preventive or curative, shall be documented in the medical record and addressed in the care plan.

(5) Nursing personnel shall provide assistance and encouragement to each resident to assure that the nutritional and hydration needs of resident are met.

(A) Each resident shall be provided encouragement to eat independently or assistance with eating to insure consumption of food and fluids. Assistive devices, such as plate guards, shall be used as appropriate unless contraindicated by the physician.

(B) Each resident who is able shall be encouraged to eat in the dining room.

(C) Each resident who is unable to go to a dining room shall be provided a suitable, sturdy tray, table and chair of the proper height; "TV trays" are not acceptable.

(D) Each resident shall be properly positioned to eat.

(E) Changes in the resident's food and fluid intake shall be recorded in the resident's record and the appropriate action taken.

(F) Cold fresh drinking water shall be provided by each shift and shall be available to each resident at all times unless medically contraindicated. A clean drinking glass and covered water pitcher shall be provided at least daily to each resident, unless contraindicated by the physician.

(6) Each resident shall be weighed on admission and monthly thereafter. The resident's height shall be measured on admission.

(e) The nursing staff shall encourage or assist the resident to be as independent as possible, unless contraindicated by the physician, including the following:

(1) Encouragement and assistance to be active and out of bed for reasonable periods of time throughout the day.

(2) Encouragement and assistance to leave his room and make use of recreation, lounge and dining areas.

(3) Encouragement and assistance to achieve independent activities of daily living.

(4) Having self-help and ambulation devices readily available to meet the current needs of the resident, with the devices in good repair.

(5) Implementation of measures to prevent and reduce incontinence to include a written assessment by a licensed nurse of each incontinent resident's capability to participate in a bowel and bladder management program, if such a program is ordered by the attending physician. The method(s) of instruction shall be clearly delineated in the resident's plan of care and the outcomes of training documented as progress notes.

(6) Assistance to adjust to disabilities and in the use of prosthetic devices, when such is required.

(7) Encouragement and assistance to carry out prescribed therapeutic regimens between treatments by the therapist. Nursing personnel furnishing such encouragement or assistance shall be properly instructed by the appropriate therapist.

(f) Restraint or seclusion shall be employed only by order of a physician and the type of restraint or seclusion shall be specified in the order.

(1) PRN restraint or seclusion shall only be employed upon the authorization of a licensed nurse.

(2) The facility policy manual shall designate who is authorized to apply restraints. The facility shall have written procedures in which the persons authorized to apply restraints have been properly trained.

(3) In emergencies when immediate mechanical restraint or seclusion is needed for the protection of the resident or others, restraint or seclusion may be authorized by a licensed nurse for a period not to exceed twelve (12) hours. A physician's order to continue restraint or seclusion must be obtained in order to continue the restraint beyond the twelve (12) hour period.

(4) A record of mechanical restraint and seclusion of a resident shall be kept in accordance with 410 IAC 16.2-3-13(b)(6).

(5) Each resident under restraint and seclusion shall be visited by a member of the nursing staff at least once every hour and more frequently if the resident's condition requires.

(6) Each mechanically restrained or secluded individual shall be temporarily released from restraint or seclusion at least every two (2) hours or more often if necessary except when the resident is asleep. When the resident in restraint is temporarily released, the resident shall be assisted to ambulate, toileted or changed in position as the resident's physical condition permits.

(7) A resident shall not be placed alone in a room with a full, solid locked door.

(8) Key lock restraints shall not be used or available in the facility. The acceptable forms of physical restraint include, but are not limited to, cloth vests, soft cloth ties, soft cloth mittens, seat belts, and trays with spring release devices.

(9) Chemical restraint shall be authorized in writing by a physician.

(A) An order for chemical restraints shall specify the dosage, the interval of and reasons for the use of chemical restraint.

(B) Administration of chemical restraints shall be documented in accordance with 410 IAC 16.2-3-13(b)(7).

(10) Restraints and seclusion shall be used in such a way as not to cause physical injury to the resident and to minimize discomfort to the resident.

(11) Restraints of any type or seclusion shall only be used for the protection and safety of residents or others and shall not be used as a punishment.

(12) Restraints or seclusion shall be applied in a manner that permits rapid removal in case of fire or other emergency.

(13) The resident's sponsor or surrogate shall be notified of the need for restraint or seclusion at the time of the physician's initial order or within twenty-four (24) hours after emergency restraint or seclusion is applied. Such notification shall be documented in the nursing notes. After the physician's order for restraint or seclusion is initially written, the sponsor or surrogate may request in writing not to be notified.

410 IAC 16.2-3-6 Infection control

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-10-4

(3) Bedside equipment such as commode pails, wash basins, emesis basins, bedpans and urinals shall be maintained in a clean condition and disinfected as appropriate. Bedside equipment shall be washed and rinsed and then disinfected daily, if used by the same resident or after each use between residents by one of the following techniques:

(A) immersion for at least two (2) minutes in clean, hot water at a temperature of at least one hundred and seventy degrees Fahrenheit (170° F.);

(B) immersion in a clean solution containing an appropriate disinfecting agent that will provide the equivalent bactericidal effect of a solution containing at least one hundred (100) parts per million of available chlorine as hypochlorite at a temperature between seventy-five degrees Fahrenheit (75° F.) and one hundred and ten degrees Fahrenheit (110° F.) for at least one (1) minute;

(C) mechanical utensil washing by a machine capable of rendering the bedside equipment clean and disinfecting by means of hot water or chemicals; or

(D) steam operated sterilizer.

(4) Bathing tubs shall be disinfected after each use.

(5) Bedside equipment and eating or drinking utensils shall not be commingled during the disinfection process.

(6) Individualized resident care supply items designed and identified by the manufacturer to be disposable shall not be reused and shall be destroyed.

410 IAC 16.2-3-13 Medical records

Authority: IC 16-10-4-5; IC 16-10-4-6
Affected: IC 16-1-10-2; IC 16-10-4

(6) A physical restraint or seclusion record that indicates:

(A) type of restraint or seclusion;
(B) the time "in" and "out" of restraint or seclusion;
(C) the activity of the resident during periods of temporary release (i.e., toileting, exercising, walking or changing of position); and
(D) reason for restraint or seclusion.

Index of Duties and Tasks

—A—

Adjust a gatch-frame bed, 105
Administer a mouthwash, 299
Administering Special Skin Care to Residents, 469
Ambulating and Transferring Residents, 153
Apply a vest restraint, 529
Apply heel and elbow protectors, 511
Apply soft limb restraints, 523
Apply soft mitten restraints, 517
Assist a resident to sit on the side of the bed, 157
Assist a resident to take a shower, 257
Assist a resident to take a tub bath, 251
Assist a resident to use a walker, 189
Assist a resident with A.M. care, 539
Assist a resident with a partial bath, 245
Assist a resident with P.M. care, 543
Assist a resident with tooth-brushing, 279
Assisting with Hair and Nail Care, 305
Assisting with Nutrition and Hydration, 431
Assisting with Oral Hygiene, 275
Assisting with Urine Elimination, 369

—B—

Bathing Residents, 231
Brush a resident's teeth, 285

—C—

Change a resident's gown, 345
Check bony prominences and friction areas
  for redness and irritation, 473
Clean a resident's dentures, 293
Clean reusable equipment, 87
Clean tubs and showers, 93
Cleanse an incontinent resident, 405
Comb a resident's hair, 309

—D—

Determining the Vital Signs of Residents, 549
Distribute fresh drinking water, 464
Drape a resident with a bath blanket or sheet, 235
Dressing and Undressing Residents, 341

—E—

Empty a urinary drainage bag, 417

—F—

Feed a dependent resident, 449

—G—

Give a backrub, 485
Give a complete bed bath to a resident, 265
Give perineal care, 399
Give a resident a manicure and pedicure, 335

—H—

Handle clean and dirty linen, 81
Help a resident into a wheelchair or geriatric chair, 171
Help a resident put on a robe and slippers, 351
Help a resident put on incontinent briefs, 411
Help a resident put on pants, 363
Help a resident put on pullover clothing, 357
Help a resident to the bathroom, 393
Help a resident walk, 183
Help a resident with a bedpan, 375
Help a resident with a bedside commode, 387
Help a resident with a urinal, 381
Help a resident with meals, 443

—I—

Inventory a resident's personal belongings, 619

—M—

Make an occupied bed, 221
Make an unoccupied bed, 211
Making Beds for Residents, 207
Mark and store a resident's personal belongings, 625
Massage a resident's reddened areas, 479
Measure and compute oral intake, 455
Measure a resident's blood pressure, 589
Measure a resident's pulse rate, 581
Measure a resident's respiratory rate, 585
Measure urinary output, 423
Medical Asepsis and Cleaning, 71
Move a dependent resident toward the head of the bed, 117
Move a resident from the bed into a chair and back, 163
Move a resident into a chair using a three-person carry, 201
Move a resident into a chair using a two-person carry, 195
Move a resident into the Fowler's position, 147
Move a resident into the lateral and Sim's position, 133
Move a resident into the prone position, 139
Move a resident into the supine position, 125
Move a resident toward the head of the bed, 111

—P—

Place a circulating air mattress on a bed, 501
Place a footboard in a bed, 495
Place anti-decubitus pads under a resident, 507
Positioning and Moving Residents, 99
Prepare a room for a new resident, 615
Preparing to Admit Residents, 611
Providing Daily Care, 535

—R—

Record food and fluid intake, 461
Record urinary output, 427

—S—

Serve a meal to a resident, 439
Shave a resident's face with an electric razor, 323
Shave a resident's face with a safety razor, 329

—T—

Transport a resident using a wheelchair, 177

—U—

Use a glass thermometer to take an axillary temperature, 561
Use a glass thermometer to take an oral temperature, 555
Use a glass thermometer to take a rectal temperature, 567
Use an electronic thermometer, 575
Using Supportive and Protective Aids, 491

—W—

Wash a resident's face and hands, 239
Wash a resident's hair, 315
Wash hands using medical asepsis, 75
Weigh a resident on a chair scale, 605
Weigh a resident on a standing scale, 599
Weighing Residents, 595

Index of Transparencies and Sample Record Sheets

	between pages
Daily Care Sheet	62-63
Restraint Record	62-63
Equipment Used in Urine Elimination	378-379
Urinary Drainage Bag	420-421
Measuring with a Graduated Container	424-425
Recording Intake	458-459
Oral Intake	458-459
Oral Intake--Liquid Measures Used in Health Care Facilities	458-459
Giving a Backrub	488-489
Types of Glass Thermometers	558-559
Electronic Thermometer	578-579
Common Bedside Items	616-617